

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90101 023 ****61.25

0026651

DOCUMENT # N01870

1. Corporation Name

THE LAKES OF OAKLAND FOREST CONDOMINIUM, INC.

104015 - 90101 - 23

Principal Place of Business

2701 S. OAKLAND FOREST DRIVE
OAKLAND PARK FL 33309

Mailing Address

C/O CONSOLIDATED COMMUNITY MGT
7686 WILES ROAD
CORAL SPRINGS FL 33067
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/09/1984

4. FEI Number

59-2380089

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

CONSOLIDATED COMMUNITY MGT, INC
7686 WILES ROAD
CORAL SPRINGS FL 33067

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD**
DEBRA LARUE
STREET ADDRESS **2725 S OAKLAND FOREST DR #202**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **VD**
RON JACKSON
STREET ADDRESS **2753 S OAKLAND FOREST DR #201**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD**
MARY JANE SCHNAUFER
STREET ADDRESS **2725 S OAKLAND FOREST DR #203**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD**
ROGER BOSTON
STREET ADDRESS **2749 S OAKLAND FOREST DR #203**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME **D**
ROSE VIOLA
STREET ADDRESS **2729 S OAKLAND FOREST DR #104**
CITY-ST-ZIP **OAKLAND PARK FL 33309**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D**
KATHLEEN NIGUM
STREET ADDRESS **2713 S OAKLAND FOREST DR 101**
CITY-ST-ZIP **OAKLAND PARK, FL 33309**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROSE VIOLA **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-98

Date

Daytime Phone #

CR2E037 (11/98)