

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 01, 2001 8:00 am
Secretary of State

05-15-2001 90154 041 ****61.25

DOCUMENT # N01870

1. Entity Name

THE LAKES OF OAKLAND FOREST CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

10034 W MCNAB RD
 TAMARAC FL 33321

10034 W MCNAB RD
 TAMARAC FL 33321
 US

2. Principal Place of Business

3. Mailing Address

2300 E. OAKLAND PARK BLVD
 Suite, Apt. #, etc.
 200

2300 E. OAKLAND PARK BLVD
 Suite, Apt. #, etc.
 200

City & State

City & State

FORT LAUDERDALE FL

FORT LAUDERDALE FL

Zip
 33306

Country
 USA

Zip
 33306

Country
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2380089**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSOLIDATED COMMUNITY MGT, INC
 10034 W MCNAB RD
 TAMARAC FL 33321

Name **SOUTHERN SUN MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
 2300 E. OAKLAND PARK BLVD #200
 City **FORT LAUDERDALE** FL Zip Code **33306**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Rose Warner, Secretary
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

7/20/01

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUNITS, MARTIN 2737 S OAKLAND FOREST DR #204 OAKLAND PARK FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VPD MARY JANE SCHNAUFER 2725 S OAKLAND FOREST DR #203 OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PD ROGER BOSTON 2749 S OAKLAND FOREST DR #203 OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SD MCMENINUM, MICKIE 2737 S OAKLAND FOREST DR 104 OAKLAND PARK FL 33309	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIGUM, KATHLEEN 2713 S OAKLAND FOREST DR 101 OAKLAND PARK FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARY JANE SCHNAUFER 2725 S OAKLAND FOREST DR #203 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROGER BOSTON 2749 S OAKLAND FOREST DR #203 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MICKIE MCMENINUM 2737 S OAKLAND FOREST DR #104 OAKLAND PARK, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7/20/01 (954) 565-1853

CR2E037 (5/01)