NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90359 032 ****61.25

DOCUMENT # N01870

1. Entity Name
LAKES OF OAKLAND FOREST CONDOMINIUM ASSOC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CONSOLIDATED MANAGEMENT	c/o CONSOLIDATED MANAGEMENT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
10034 W. MCNAB RD	10034 W. MCNAB RD.
City & State	City & State
TAMARAC FL	TAMARAC
Zip / Country	Zip / Country
33321 / BROWARD	33321 / BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 592380089 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CONSOLIDATED COMMUNITY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable): 10034 W. MCNAB RD

City: TAMARAC FL Zip Code: 33321

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 _____ 4/2/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	CAUNITS, MARTIN
STREET ADDRESS	10034 W McNab Rd
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	VD
NAME	SCHNAUFER, MARY JANE
STREET ADDRESS	10034 W McNAb Rd
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	TD
NAME	LINSLEY, SCOTT
STREET ADDRESS	10034 W McNAb Rd
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	SD
NAME	BOSTON, ROGER
STREET ADDRESS	10034 W McNAb Rd
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	D
NAME	GIRALDO, PETER
STREET ADDRESS	10034 W McNAb Rd
CITY-ST-ZIP	TAMARAC, FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Roger Boston Martin Caunits 4-16-02 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #