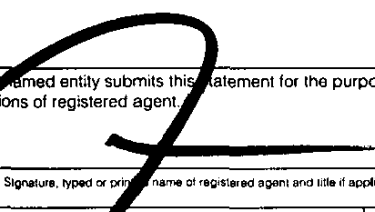
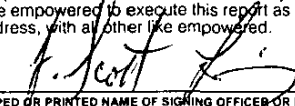


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90026 008 ****61.25

DOCUMENT # N01870 1. Entity Name THE LAKES OF OAKLAND FOREST CONDOMINIUM, INC.					
Principal Place of Business C/O CONSOLIDATED MGMT 10034 W. MCNAB RD TAMARAC, FL 33321			Mailing Address C/O CONSOLIDATED MGMT 10034 W. MCNAB RD TAMARAC, FL 33321 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2380089	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MGMT 10034 W. MCNAB RD TAMARAC, FL 33321			7. Name and Address of New Registered Agent Name Katzman & Korr P.A. Street Address (P.O. Box Number is Not Acceptable) 1501 NW 49 St. # 202 City Ft Lauderdale FL Zip Code 33309		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Ferren L. Korr, Esq. 2/12/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec ATHERTON, KENT 10034 W. MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Green DIR 10034 W MCNAB RD TAMARAC FL 33321	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOVE, STEVEN 10034 W. MCNAB RD TAMARAC, FL 33321	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ABEL PEREYRA, ABEL 10034 W. MCNAB RD TAMARAC FL 33321	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINSLEY, J SCOTT 10034 W. MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec ATHERTON, KENT 10034 W. MCNAB RD TAMARAC FL 33321	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREYRA, ABEL 10034 W. MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS PEREYRA, ABEL 10034 W. MCNAB RD TAMARAC FL 33321	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LAMPMAN, ROBERT 10034 W MCNAB RD TAMARAC, FL 33321	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  March 17, 2007 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

60025769



01302007 Chg-NP CR2E037 (12/06)