2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N01870

Entity Name: THE LAKES OF OAKLAND FOREST CONDOMINIUM, INC.

Current Principal Place of Business:

C/O CONSOLIDATED MGMT
10034 W. MCNAB RD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

C/O CONSOLIDATED MGMT
10034 W. MCNAB RD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 59-2380089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZMAN & GARFINKEL, P.A.
1501 NW 49TH ST #202
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CRISWELL, JEFF
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: OSMIALOWSKI, DAN
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: S ( ) Delete
Name: ATHORTON, KENT
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: VP ( ) Delete
Name: PEREYRA, ABEL
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Delete
Name: LAMPMAN, ROBERT
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: TR ( ) Delete
Name: HOYLE, TED
Address: 10034 W MCNAB RD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: HATCHELL, DIANE
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: D (X) Change ( ) Addition
Name: DAGUE, BARBARA
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: S (X) Change ( ) Addition
Name: ATHERTON, KENT
Address: 10034 W. MCNAB RD
City-St-Zip: TAMARAC, FL 33321

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT ATHERTON S 05/04/2009

Electronic Signature of Signing Officer or Director — Date