2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED DOCUMENT # N01870 1. Entity Name 03 MAY - 1 AM 9:23 THE LAKES OF OAKLAND FOREST CONDOMINIUM, INC. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address C/O CONSOLIDATED MGMT C/O CONSOLIDATED MGMT 10034 W. MCNAB RD 10034 W. MCNAB RD TAMARAC FL 33321 TAMARAC FL 33321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2380089 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CONSOLIDATED COMMUNITY MGMT Street Address (P.O. Box Number is Not Acceptable) 10034 W. MCNAB RD TAMARAC FL 33321 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Johnson, SWEN TITLE Delete TITLE P ☐ Change Addition CAUNITS, MARTIN NAME NAME c/o CCM. Inc STREET ADDRESS 10034 W. MCNAB RD STREET ADDRESS 10034 W McNab Road CITY-\$T-ZIP CITY-ST-7IP TAMARAC FL 33321 Tamarac, FL 33321 TITLE Delete TITLE Change ☐ Addition SCHNALHER, MARY JANE SCHNAUFER, MARY JANE NAME NAME 10034 W. MCNAB RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Delete ☐ Change TITLE TITLE Addition LINSLEY, SCOTT 10034 W. MCNAB RD ROGER BOSTON NAME NAME STREET ADDRESS 10034 W. MCNAB RD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TAMARAC, FL 33 Delete Change ☐ Addition TITLE TITLE **BOSTON, ROGER** NAME NAME 000017845860 05/01/03--01082--018 **61,25 STREET ADDRESS 10034 W. MCNAB RD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE TITLE Change ☐ Addition Delete GIRALDO, PETER NAME NAME STREET ADDRESS 10034 W. MCNAB RD STREET ADDRESS CITY-ST-ZIP TAMARAC FL 33321 CITY-ST-ZIP TITLE Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 leport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaching twith an address, with all other like empowered.

SIGNATURE:

4-15-03 954-484-0436

CR2E037 (10/02)