


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90184 003 ****61.25

DOCUMENT # N05000000439					
1. Entity Name THE OAKS AT SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134			Mailing Address 2850 DOUGLAS ROAD, PENTHOUSE SUITE CORAL GABLES, FL 33134		
2. Principal Place of Business 7655 NW 50ST			3. Mailing Address P.O. Box 440067		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Miami, FL.			City & State Miami, FL.		
Zip 33166		Country USA		4. FEI Number 59-2237080	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DEEB, KEVIN L ESQ. 2350 CORAL WAY, SUITE 401 MIAMI, FL 33145-3536			7. Name and Address of New Registered Agent Name: <u>UNLIMITED PROPERTY MANAGE.</u> Street Address (P.O. Box Number is Not Acceptable): <u>7655 NW 50ST</u> City: <u>MIAMI</u> FL Zip Code: <u>33166</u>		
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: <u>[Signature]</u> DATE: <u>04/04/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> \$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 D <input type="checkbox"/> Delete NAME MEDINA, JANET B STREET ADDRESS 14732 S.W. 51 TERR. CITY-ST-ZIP MIAMI, FL 33184	TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME MEDINA, JANET STREET ADDRESS 1515 SAURENO AVE. #26 CITY-ST-ZIP CORAL GABLES, FL-33146				
TITLE D <input type="checkbox"/> Delete NAME CANALS, JUAN STREET ADDRESS 315 S.W. 25 RD. CITY-ST-ZIP MIAMI, FL 33129	TITLE VP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME CANALS, JUAN STREET ADDRESS 315SW 25RD. CITY-ST-ZIP MIAMI, FL 33129				
TITLE D <input type="checkbox"/> Delete NAME KASTAN, SHIRA STREET ADDRESS 875 NE 172 TERR. CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	TITLE S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME KASTAN, SHIRA STREET ADDRESS 6330 SW 79 ST #14 CITY-ST-ZIP SOUTH MIAMI FL. 33143				
TITLE D <input checked="" type="checkbox"/> Delete NAME CASANOVA, DANAYS STREET ADDRESS 6310 SW 79 ST CITY-ST-ZIP SOUTH MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	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 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: <u>JANETH MEDINA</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/04/06 (305) 553-9734</u> <small>Date Daytime Phone #</small>		

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