2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 20, 2006
Secretary of State

DOCUMENT# N05000000439

Entity Name: THE OAKS AT SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7655 NW 50TH ST
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

PO BOX 440067
MIAMI, FL 33144

New Mailing Address:

FEI Number: 59-2237280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

UNLIMITED PROPERTY MANAGEMENT
7655 NW 50TH ST
MIAMI, FL 33166 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: PD ( ) Delete
Name: MEDINA, JANET B
Address: 1515 SAN REMO AVE SUITE 66
City-St-Zip: CORAL GABLES, FL 33146

Title: VPD ( ) Delete
Name: CANALS, JUAN
Address: 315 S.W. 25 RD.
City-St-Zip: MIAMI, FL 33129

Title: SD ( ) Delete
Name: KASTAN, SHIRA
Address: 6330 SW 79TH ST SUITE 14
City-St-Zip: SOUTH MIAMI, FL 33143

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MARVAEZ, CATHERINE
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166

Title: VPD (X) Change ( ) Addition
Name: QUEIPO, MARTHA
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166

Title: SD (X) Change ( ) Addition
Name: WALKER, KATHY
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166

Title: TD ( ) Change (X) Addition
Name: PORTELA, MARCI
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166

Title: DD ( ) Change (X) Addition
Name: MEDINA, JANET
Address: 7655 NW 50 ST
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the 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: CATHERINE MARVAEZ PD 11/20/2006

Electronic Signature of Signing Officer or Director — Date