

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N05000004219**

1. Entity Name  
**THE OAKS (MIAMI) CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O FGR PROPERTY MANAGEMENT  
16275 SW 88 STREET, #135  
MIAMI, FL 33196**

Mailing Address  
**C/O FGR PROPERTY MANAGEMENT  
16275 SW 88 STREET, #135  
MIAMI, FL 33196**



04042008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-2112002**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PORTAL, LUIS  
3130 BIRD AVE  
UNIT 11  
MIAMI, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	PORTAL, LUIS
STREET ADDRESS	3130 BIRD AVE 11
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VD
NAME	MORA, LUCIA
STREET ADDRESS	3130 BIRD AVE 9
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	ROMANO, RICARDO
STREET ADDRESS	3120 BIRD AVE 14
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000890205  
04/22/08-80085-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Luis Portal**

**4/7/08**

**305-646**

Date

Daytime Phone #