MAR-17-2008 MON 01:25 PM oakland pines apartments FAX NO.

**FILED**
**Mar 27, 2008 8:00 am**
**Secretary of State**
03-27-2008 90030 014 ****61.25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000008845

1. Entity Name
VILLAGE PARK AT OAKLAND CONDOMINIUM ASSOCIATION, INC.

40052563

| Principal Place of Business | Mailing Address |
|---|---|
| 5162 NE 6TH AVE<br>OAKLAND PK, FL 33334 | 5162 NE 6TH AVE<br>OAKLAND PK, FL 33334 |

02272008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 20-3390846 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SKRLD, INC<br>201 ALHAMBRA CIRCLE<br>STE # 1102<br>CORAL GABLES, FL 33134 | Name SAME<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>HOLLAR, NICOLE<br>5150 NE 6 AVE UNIT #113<br>OAKLAND, FL 33334 | ☐ Delete | DP<br>OWEN, Eugene G.<br>5162 NE 6ave # 325 Oakland PK Fl | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DV<br>OWEN, EUGENE G<br>5162 NE 6 AVE UNIT #325<br>OAKLAND PARK, FL 33334 | ☐ Delete | DV<br>Nicole, Hollar<br>5150 NE 6 ave # 113 OP Fl 33334 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>SHAPIRO, MICHELE<br>5150 NE 6 AVE UNIT # 128<br>OAKLAND PARK, FL 33334 | ☒ Delete | DST James Hausler<br>5150 NE 6 ave #123<br>Oakland Park Fl 33334 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ 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:** X _____ 3/14/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #