

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009153

FILED
Apr 30, 2008
Secretary of State

Entity Name: OK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2242-46 JACKSON STREET
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 220304
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA-VIDAL, STEPHEN R ESQ
2655 LE JEUNE ROAD STE 524
CORAL GABLES, FL 33134 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: DS () Delete
Name: BELTRAN, TATIANA
Address: PO BOX 220304
City-St-Zip: HOLLYWOOD, FL 33022

Title: DV () Delete
Name: KLEIMAN, DIEGO
Address: PO BOX 220304
City-St-Zip: HOLLYWOOD, FL 33022

Title: DP (X) Delete
Name: OLIVER, RICARDO
Address: PO BOX 220304
City-St-Zip: HOLLYWOOD, FL 33022

Title: DT (X) Delete
Name: OLIVER, ESTELA R
Address: PO BOX 220304
City-St-Zip: HOLLYWOOD, FL 33022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSDT (X) Change () Addition
Name: BELTRAN, TATIANA
Address: PO BOX 220304
City-St-Zip: HOLLYWOOD, FL 33022

Title: DVDP (X) Change () Addition
Name: KLEIMAN, DIEGO
Address: PO BOX 220304
City-St-Zip: HOLLYWOOD, FL 33022

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DIEGO KLEIMAN

DP

04/30/2008

Electronic Signature of Signing Officer or Director

Date