

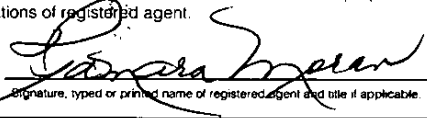
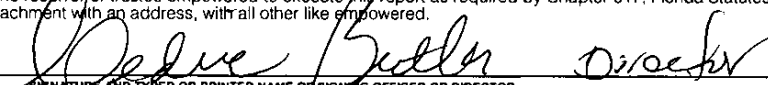


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2008 8:00 am**  
**Secretary of State**

08-14-2008 90001 010 \*\*\*\*61.25

<b>DOCUMENT # N05000011616</b>					
<b>1. Entity Name</b> THE COURTS AT OAKLAND PARK CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> P O BOX 491345 KEY BISCAVNE, FL 33149			<b>Mailing Address</b> P O BOX 491345 KEY BISCAVNE, FL 33149		
<b>2. Principal Place of Business - No P.O. Box #</b> 12460 SW 8 Street Suite, Apt. #, etc. Suite 202		<b>3. Mailing Address</b> 12460 SW 8 Street Suite, Apt. #, etc. Suite 202			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 20-4820009	
<b>Zip</b> 33184		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> HERNANDEZ, HECTOR ESQ 2850 DOUGLAS RD PENSACOLA, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name: TAMARA MORAN Street Address (P.O. Box Number is Not Acceptable): 12460 SW 8 Street #202 City: Miami FL Zip Code: 33184		
<b>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.</b> SIGNATURE: 					
<b>Filing Fee is \$61.25 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> MARTINEZ, ALFONSO <b>STREET ADDRESS</b> P O BOX 491345 <b>CITY-ST-ZIP</b> KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Butler, Cedric C <b>STREET ADDRESS</b> 101 NE 41 ST A20 <b>CITY-ST-ZIP</b> Oakland Park, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> BUSTAMANTE, ERNESTO <b>STREET ADDRESS</b> P O BOX 491345 <b>CITY-ST-ZIP</b> KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> De Jesus, Pilar <b>STREET ADDRESS</b> 95 NE 41 ST N213 <b>CITY-ST-ZIP</b> Oakland Park, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> PEREZ, ANDRES <b>STREET ADDRESS</b> P O BOX 491345 <b>CITY-ST-ZIP</b> KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Lasky, Michael <b>STREET ADDRESS</b> 95 NE 41 ST N194 <b>CITY-ST-ZIP</b> Oakland Park, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Johnson, LARRY T <b>STREET ADDRESS</b> 95 NE 41 ST #0219 <b>CITY-ST-ZIP</b> Oakland Park, FL 33334	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 8/12/08 Daytime Phone #	