


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000000469					
1. Entity Name THE OAKS AT MIAMI GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7100 SW 99TH AVE SUITE 102 MIAMI, FL 33173			Mailing Address 7100 SW 99TH AVE SUITE 102 MIAMI, FL 33173		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3698563	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALO PEREZ JR PA 8725 NW 18 TERR SUITE 303 DORAL, FL 33172			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 PD NAME WILLIAMS, GREGORY STREET ADDRESS 7100 SW 99TH AVE #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE PD NAME WILLIAMS, GREG STREET ADDRESS 7100 SW 99 AVE, #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME COOKE, TIFFANY STREET ADDRESS 7100 SW 99TH AVE #102 CITY-ST-ZIP MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		TITLE TD NAME BOAKYE, EBENEZER STREET ADDRESS 7100 SW 99 AVE, #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME BOAKYE, EBENEZER STREET ADDRESS 7100 SW 99TH AVE #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Delete		TITLE SD NAME BULL, PAMELA STREET ADDRESS 7100 SW 99 AVE #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME TORAIN, TIFFANY STREET ADDRESS 7100 SW 99 AVE #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME MULLINGS, WINSTON STREET ADDRESS 7100 SW 99 AVE #102 CITY-ST-ZIP MIAMI, FL 33173	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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10/24/08