

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000469

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** THE OAKS AT MIAMI GARDENS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7100 SW 99TH AVE  
SUITE 102  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

7100 SW 99TH AVE  
SUITE 102  
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number:** 59-3698563      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALO PEREZ JR PA  
8725 NW 18 TERR  
SUITE 303  
DORAL, FL 33172 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: PD ( ) Delete  
Name: WILLIAMS, GREG  
Address: 7100 SW 99TH AVE #102  
City-St-Zip: MIAMI, FL 33173

Title: TD ( ) Delete  
Name: BOAKYE, EBENEZER  
Address: 7100 SW 99TH AVE #102  
City-St-Zip: MIAMI, FL 33173

Title: SD ( ) Delete  
Name: BULL, PAMELA  
Address: 7100 SW 99TH AVE #102  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: TORAIN, TIFFANY  
Address: 7100 SW 99TH AVE #102  
City-St-Zip: MIAMI, FL 33173

Title: D ( ) Delete  
Name: MULLINGS, WINSTON  
Address: 7100 SW 99TH AVE #102  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: GREG WILLIAMS

P

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date