
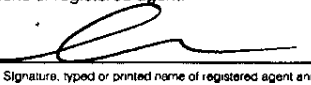
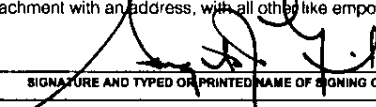


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N06000001989</b> 1. Entity Name <b>OAK PARK VILLAGE I CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>7300 SW 93RD AVE., SUITE 210 MIAMI, FL 33173</b>		Mailing Address <b>7300 SW 93RD AVE., SUITE 210 MIAMI, FL 33173</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip		3. Mailing Address <b>TPS Management</b> Suite, Apt. #, etc. <b>P.O. Box 061554</b> City & State <b>Miami Springs, FL</b> Zip <b>33266</b>	
		12162008    Chg-NP    CR2E037 (12/06)	
		4. FEI Number <b>03-0613589</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GIL, AUGUSTO J</b> <b>7300 SW 93RD AVE., SUITE 210</b> <b>MIAMI, FL 33173</b>		7. Name and Address of New Registered Agent Name <b>Straley + Otto, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2649 Stirling Road, Suite C-207</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33312</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.			
SIGNATURE  <b>Charles Otto, Esq. for Straley + Otto, PA</b> 12/12/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <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>	
TITLE	PVTS	TITLE	PD
NAME	GIL, AUGUSTO J	NAME	<b>200139394402</b>
STREET ADDRESS	7300 SW 93RD AVE., SUITE 210	STREET ADDRESS	<b>12/31/08--01040--004 **61.25</b>
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE	D	TITLE	VD
NAME	GIL, AUGUSTO J	NAME	<b>Justo Fernandez</b>
STREET ADDRESS	7300 SW 93RD AVE., SUITE 210	STREET ADDRESS	<b>7300 SW 93 Avenue</b>
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	<b>Miami, FL 33173</b>
TITLE	D	TITLE	STD
NAME	GIL, JULIA	NAME	<b>Justo Fernandez</b>
STREET ADDRESS	7300 SW 93RD AVE., SUITE 210	STREET ADDRESS	<b>7300 SW 93 Avenue</b>
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	<b>Miami, FL 33173</b>
TITLE	D	TITLE	
NAME	GIL, ALEJANDRO	NAME	
STREET ADDRESS	7300 SW 93RD AVE., SUITE 210	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		12/23/08    (305) 598-4002 <small>Date    Daytime Phone #</small>	