## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000003616

Entity Name: OAKGLEN CONDOMINIUM ASSOCIATION, INC.

FILED Jun 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

901 SE 17TH STREET SUITE 206 5505 PEMBROKE ROAD FT LAUDERDALE, FL 33316 HOLLYWOOD, FL 33021-803

**Current Mailing Address: New Mailing Address:** 

901 SE 17TH STREET SUITE 206 5505 PEMBROKE ROAD FT LAUDERDALE, FL 33316 HOLLYWOOD, FL 33021-803

FEI Number: 20-4622699 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MITTELMAN, ANDREW L KEATING, JOHN D 901 SE 17TH STREET SUITE 206 5505 PEMBROKE ROAD HOLLYWOOD, FL 33021-803 US FT LAUDERDALE, FL 33316

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: JOHN D. KEATING 06/25/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

MITTELMAN, ANDREW L LANG, MICHAEL S Name: Name: 901 SE 17TH STREET SUITE 206 Address: 5505 PEMBROKE ROAD Address: City-St-Zip: FT LAUDERDALE, FL 33316 City-St-Zip: HOLLYWOOD, FL 33021

Title: ( ) Delete Title: (X) Change ( ) Addition

RE, FRANK Name: COPELAND, KARREN Name: Address: 901 SE 17TH STREET SUITE 206 Address: 5505 PEMBROKE ROAD City-St-Zip: FT LAUDERDALE, FL 33316 City-St-Zip: HOLLYWOOD, FL 33021

Title: STD () Delete Title: SD (X) Change ( ) Addition

PINARD, THOMAS Name: LAND, TAMI Name:

901 SE 17TH STREET SUITE 206 5505 PEMBROKE ROAD Address: Address: City-St-Zip: FT LAUDERDALE, FL 33316 City-St-Zip: HOLLYWOOD, FL 33021

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: KAREN COPELAND TD 06/25/2009