

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006132

FILED  
Jun 13, 2009  
Secretary of State

**Entity Name:** NEIGHBORS OF OAKLAND GROVE, INC.

**Current Principal Place of Business:**

8332 NE 3 CT  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

8332 NE 3 CT  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 20-8718156      **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:**

NEWELL, AUGUSTO  
8332 NE 3 CT  
MIAMI, FL 33138      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: PRES      ( ) Delete  
Name: NEWELL, AUGUSTO  
Address: 8332 NE 3 CT  
City-St-Zip: MIAMI, FL 33138

Title: VP      ( ) Delete  
Name: MOORE, GREGORY  
Address: 8380 NE 3RD AVE  
City-St-Zip: MIAMI, FL 33138

Title: SEC      ( ) Delete  
Name: KELLY, LORI  
Address: 8290 NE 4TH AVE  
City-St-Zip: MIAMI, FL 33138

Title: TRES      ( ) Delete  
Name: JOSEPH, JUNOT  
Address: 8343 NE 3RD CT  
City-St-Zip: MIAMI, FL 33138

Title: OFCR      ( ) Delete  
Name: KIRK RAESIDE, DEIRDRE  
Address: 8280 NE 4TH AVE  
City-St-Zip: MIAMI, FL 33138

**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: GREGORY S. MOORE

V.P

06/13/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date