

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08081

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** THE PINES OF OAKLAND FOREST WEST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

PINES OF OAKLAND FOREST WEST  
3082 S OAKLAND FR DR 1 OFFICE  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

PINES OF OAKLAND FOREST WEST  
3082 S OAKLAND FOREST DR OFFICE  
OAKLAND PARK, FL 33309

**New Mailing Address:**

**FEI Number:** 59-2527669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIRCHER, ANN  
3082 S OAKLAND FOREST DR OFFICE  
OAKLAND PARK, FL 33309 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: S ( ) Delete  
Name: KENNEDY, TONYA  
Address: 3036 S OAKLAND FOREST DRIVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D ( ) Delete  
Name: TUFANO, JOSEPH  
Address: 5602 SW 1ST COURT  
City-St-Zip: PLANTATION, FL 33317

Title: D ( ) Delete  
Name: LEE, SANDRA  
Address: 3084 S OAKLAND FOREST DR UNIT 5  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP ( ) Delete  
Name: TUFANO, JOSEPH  
Address: 5602 SW 1ST CT  
City-St-Zip: FORT LAUDERDALE, FL 33317

**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:

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: SANDRA LEE

D

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date