


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>N94000000080</i>					
1. Corporation Name <i>OAKLAND GROVE NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC</i>					
Principal Place of Business <i>8325 NE 3 AVE</i> <i>MIAMI, FL 33138</i>			Mailing Address <i>8325 NE 3 AVE</i> <i>MIAMI, FL 33138</i>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <i>01/07/1994</i> 4. FEI Number <i>65-0526489</i> Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No					
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <i>BRUTUS, PHILIP T</i> <i>7900 NE 2 AVE</i> <i>SUITE 600</i> <i>MIAMI, FL 33138</i>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE <i>PHILIP T. BRUTUS</i> DATE <i>4/21/98</i> <small>(NOTE: Registered Agent's signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <i>PO SUE HAMERSTROM</i> 1.3 STREET ADDRESS <i>8325 NE 3 AVE</i> 1.4 CITY-ST-ZIP <i>MIAMI, FL 33138</i> 2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <i>JOYCE RUTHERFORD</i> 2.3 STREET ADDRESS <i>8325 NE 2 CT.</i> 2.4 CITY-ST-ZIP <i>MIAMI, FL 33138</i> 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME <i>SARAH BECKETT</i> 3.3 STREET ADDRESS <i>301 NE 82 TER</i> 3.4 CITY-ST-ZIP <i>MIAMI, FL 33138</i> 4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <i>JO GRACE AKTMAN</i> 4.3 STREET ADDRESS <i>8290 NE 4 AVE</i> 4.4 CITY-ST-ZIP <i>MIAMI, FL 33138</i> 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURES <i>Sue Hamerstrom</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <i>4/21/98</i> DAYTIME PHONE # <i>305-756-6325</i>		

CR2E037 (10/97)