


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90064 023 ****61.25

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1. Entity Name
OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**SW 31ST AVENUE
 DANIA, FL 33312**

Mailing Address
**ATLANTIS MANAGEMENT SERVICES, LC
 11011 SHERIDAN STREET
 COOPER CITY, FL 33026 US**

2. Principal Place of Business - No P.O. Box #
11011 Sheridan Street

3. Mailing Address

Suite, Apt. #, etc.
208

Suite, Apt. #, etc.

City & State
Cooper City, FL


City & State

Zip
33026

Country
USA

Zip Country

4000



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0670497

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EISINGER, DENNIS J ESQ.
 4000 HOLLYWOOD BLVD., #265 SOUTH
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAPARELLA, MICHAEL 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SPENCER, ELAINE 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, CONRAD 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIKE, SUSAN 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, BATYA 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Eran Bar 11011 Sheridan St #208 Cooper City, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Morales 11011 Sheridan St #208 Cooper City, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Reyes 11011 Sheridan St. #208 Cooper City, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marshall Katz 11011 Sheridan St. #208 Cooper City, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ **1-16-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #