

2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

06 OCT -9 AM 8: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09122006 REIN-NP CR2E099(11/05) 06

DOCUMENT # N98000004134		1. Entity Name FOREST OAK HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O MIAMI MANAGEMENT INC 1145 SWAGRASS CORP PKWY FORT LAUDERDALE, FL 33323 US			Mailing Address C/O MIAMI MANAGEMENT INC 1145 SWAGRASS CORP PKWY FORT LAUDERDALE, FL 33323 US				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 65-0856353	Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				
KATZMAN & KORR, P.A. 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			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		FERRER L. KORR ESQ.		10/5/06			
Signature, typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE			
FILE NOW!!! FEE IS \$297.50 \$236.25			Make check payable to Florida Department of State				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HERZBERG, MICHAEL		NAME				
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS		100080641141		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP		10/09/06--01052--016 **236.25		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GROHOWSKI, DALILA J		NAME				
STREET ADDRESS	202 ASPEN WAY		STREET ADDRESS				
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BEST, JEFF		NAME				
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ASTON, DON		NAME				
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FRANKLIN, BRIAN		NAME				
STREET ADDRESS	1145 SAWGRASS CORP PKWY		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33323		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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:		9/15/06		Date			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			