


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 08:00 AM
Secretary of State

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
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01232008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 65-0856353	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KATZMAN & KORR, P.A.
 1501 NW 49TH STREET
 SUITE 202
 FORT LAUDERDALE, FL 33309**

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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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERZBERG, MICHAEL 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROHOWSKI, DALILA J 202 ASPEN WAY DAVIE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEST, JEFF 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASTON, DON 1145 SAWGRASS CORP PKWY FORT LAUDERDALE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILIAN, CAROLYN 1145 SAWGRASS CORP PKWY SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/26/08-80073-012 61.25

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 affidavit with all other like empowered

SIGNATURE: Michael Herzberg 2/18/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #