2006 FOR PROFIT CORPORATION

SIGNATURE:

Secretary of State **ANNUAL REPORT** 02-03-2006 90008 029 ***150.00 DOCUMENT # P04000094694 OAKLAND CONDO ASSOCIATION CORP 900021ap Principal Place of Business Mailing Address 9906 TWIN LAKE DRIVE 3664 WHITE PLAINS ROAD CORAL SPRING, FL 33071 **BRONX, NY 10467** 2. Principal Place of Business 3. Mailing Address as above 5433 N Universit Same 01042006 CR2E034 (11/05) Chg-P City & State 4. FEI Number Applied For 20-1341330 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (Fl.9. Box Number is Not Acceptable) COURTNEY, WAYNE M 9906 TWIN LAKE DRIVE CORAL SPRING, FL 33071 the purpose of coanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this state the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Stan ed agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Pusidud Change TITLE Delete TITLE Addition COURTNEY, WAYNE NAME NAME 5433 NUniversite 9906 TWIN LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRING, FL 33071 351 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to passe up the true report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empoy changed, or on an attachment with an address, w

FILED Feb 03, 2006 8:00 am

Daytime Phone #