

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766177

Entity Name: THE PINES OF OAKLAND FOREST CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 07, 2014
Secretary of State
CC6853541194**Current Principal Place of Business:**C/O J&L PROPERTY MANAGEMENT
10191 W SAMPLE RD, STE 203
CORAL SPRINGS, FL 33065**Current Mailing Address:**C/O J&L PROPERTY MANAGEMENT
10191 W SAMPLE RD, STE 203
CORAL SPRINGS, FL 33065 US**FEI Number: 59-2245945****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**J&L PROPERTY MANAGEMENT INC.
10191 W SAMPLE RD
SUITE 203
CORAL SPRINGS, FL 33065 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	BROUGH, LARRY
Address	2740 S OAKLAND FOREST DR #1103
City-State-Zip:	OAKLAND PARK FL 33309

Title	VP
Name	BERNASKY, MARY
Address	2780 S OAKLAND FOREST DR #1304
City-State-Zip:	OAKLAND PARK FL 33309

Title	PRESIDENT
Name	YUN, RICHARD
Address	2700 S OAKLAND FOREST DR #504
City-State-Zip:	OAKLAND PARK FL 33309

Title	SECRETARY
Name	KERR, WILLIAM
Address	2720 S OAKLAND FOREST DR #702
City-State-Zip:	OAKLAND PARK FL 33309

Title	TREASURER
Name	SPELLER, TREVOR
Address	2740 S OAKLAND FOREST DRIVE #1204
City-State-Zip:	OAKLAND PARK FL 33309

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY BROUGH**DIRECTOR****04/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date