

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000012056

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC0853216706**

**Entity Name:** 1400 OAKLAND OFFICE CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1400 EAST OAKLAND PARK BLVD.  
SUITE 111  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

1400 EAST OAKLAND PARK BLVD.  
SUITE 111  
OAKLAND PARK, FL 33334

**FEI Number: 26-1825061**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOPLowitz, DAVID  
1400 EAST OAKLAND PARK BLVD.  
SUITE 111  
OAKLAND PARK, FL 33334 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 PD  
Name KOPLowitz, DAVID  
Address 1400 EAST OAKLAND PARK BLVD. #  
111  
City-State-Zip: OAKLAND PARK FL 33334

Title VD  
Name KOPLowitz, SAMUEL D  
Address 1400 EAST OAKLAND PARK BLVD. #  
111  
City-State-Zip: OAKLAND PARK FL 33334

*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: DAVID KOPLowitz**

**PD**

**04/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date