

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortram
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **759489** (8)

1. Corporation Name
OAKLAND FOREST PROPERTY OWNERS ASSOCIATION, INC.

STATE OF FLORIDA
DIVISION OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
~~COMMUNITY ADVANTAGE~~
~~229 S. POMPANO PARKWAY~~
~~POMPANO BEACH FL 33069~~
~~COMMUNITY ADVANTAGE~~
~~229 S. POMPANO PARKWAY~~
~~POMPANO BEACH FL 33069~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/05/1981	3a. Date of Last Report 07/08/1994
4. FEI Number 59-2125688	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 2a. Mailing Address
21 **10 EXCLUSIVE PROP MGMT** 22 **10 EXCLUSIVE PROP MGMT**
Suite, Apt. #, etc.
1280 S.W. 36th Avenue • Suite #301
Pompano Beach, Florida 33069 **1280 S.W. 36th Avenue • Suite #301**
Pompano Beach, Florida 33069

24	25	9. Name and Address of Current Registered Agent SAPITA PAUL 1280 S.W. 36th Avenue • Suite #301 Pompano Beach, Florida 33069	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number or Mailing Address) 1280 S.W. 36th Avenue • Suite #301 Pompano Beach, Florida 33069 B3 B4
----	----	---	---

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title of registrator (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	NAME REED, TOM	11 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 229 S. POMPANO PKWY	CITY - ST - ZIP POMPANO BEACH FL	12 NAME 1280 S.W. 36th Avenue • Suite #301	
TITLE TD	NAME CHERRY, RANDY	13 STREET Pompano Beach, Florida 33069	
STREET ADDRESS 229 S. POMPANO PKWY	CITY - ST - ZIP POMPANO BEACH FL	14 CITY - S	
TITLE DS	NAME HACHEL, DIANE	21 TITLE	
STREET ADDRESS 229 S. POMPANO PKWY	CITY - ST - ZIP POMPANO BEACH FL	22 NAME	
TITLE VPD	NAME VALCOURT, MICHAEL	23 STREET ADDRESS	
STREET ADDRESS 229 S. POMPANO PKWY	CITY - ST - ZIP POMPANO BEACH FL	24 CITY - ST - ZIP	
TITLE D	NAME DWYER, CAROL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 229 S. POMPANO PKWY	CITY - ST - ZIP POMPANO BEACH FL	32 NAME	100001437151
TITLE	NAME	33 STREET ADDRESS	-03/22/95--01112--019
STREET ADDRESS	CITY - ST - ZIP	34 CITY - ST - ZIP	****130.00 ****130.00
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	44 CITY - ST - ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	54 CITY - ST - ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY - ST - ZIP	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **T. R. REED** **3/10/95 305-969-1330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR