

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759489

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** OAKLAND FOREST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2700 S. OAKLAND FOREST DRIVE-OFFICE  
OAKLAND PARK, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

4800 N. STATE ROAD SEVEN  
SUITE #105  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

**FEI Number:** 59-2125688      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PHOENIX MANAGEMENT SERVICES, INC.  
4800 N. STATE ROAD SEVEN  
SUITE #105  
LAUDERDALE LAKES, FL 33319 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MOONEY, DOUGLAS  
Address: 2700 S. OAKLAND FOREST DRIVE-OFFICE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: VPD  
Name: YUN, RICHARD  
Address: 2700 S. OAKLAND FOREST DRIVE-OFFICE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: TD  
Name: ROBINSON, VIVIAN  
Address: 2700 S. OAKLAND FOREST DRIVE-OFFICE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: SD  
Name: SZYMBORSKI, DAVID  
Address: 2700 S. OAKLAND FOREST DRIVE-OFFICE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D  
Name: LAMPMAN, ROBERT  
Address: 2700 S. OAKLAND FOREST DRIVE-OFFICE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D  
Name: MICHAEL, VANDERGRIFT  
Address: P.O. BOX 113389  
City-St-Zip: CARROLLTON, TX 75011

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: DOUGLAS MOONEY

PD

04/26/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date