

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 97 MAY 23 PM 12:42
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **759489**

1. Corporation Name
Oakland Forest Property Owners Association, Inc.

Principal Place of Business Mailing Address
c/o Lakeview Club Apartments
2819 N Oakland Forest Drive
Oakland Park, Florida 33309

REINSTATEMENT 96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable same		3. New Mailing Office Address, If Applicable same		4. Date Incorporated or Qualified To Do Business in Florida 8/5/81	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2125688	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$9.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Ed Hapshie	2840 S Oakland Forest Dr, #2803	Oakland Park, FL 33309
VP	Denise Berg	3050 S Oakland Forest Dr.	Oakland Park, FL 33309
Sec/Treas	Tricia Barbee	2819 N. Oakland Forest Drive	Oakland Park, FL 33309
Dir	Diane Hatchell	2749 S Oakland Forest Dr, #103	Oakland Park, FL 33309
Dir	Tom Caporaso	3007 N Oakland Forest Dr	Oakland Park, FL 33309
Dir	Theresa J. Solis	2740 S Oakland Forest Dr, #1101	Oakland Park, FL 33309

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Tricia Barbee	
		Street Address (P.O. Box Number is Not Acceptable) c/o Lakeview Club Apartments	
		Suite, Apt. #, Etc. 2819 N Oakland Forest Drive	
		City Oakland Park	State Zip Code FL 33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent: *Tricia Barbee* Date: **5-8-97**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No **500002192695-6**
 *** See other side for information on intangible tax. ***

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Tricia Barbee* **Tricia Barbee** **5-8-97** **954-733-5372**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/2/96)