

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT -6 AM 9:47  618593-90007-37 																																																																																																																																																	
DOCUMENT # 759489 1. Corporation Name OAKLAND FOREST PROPERTY OWNERS ASSOCIATION, INC.																																																																																																																																																					
Principal Place of Business % LAKEVIEW CLUB APARTMENTS 2819 N OAKLAND FOREST DRIVE OAKLAND PARK FL 33309			Mailing Address % LAKEVIEW CLUB APARTMENTS 2819 N OAKLAND FOREST DRIVE OAKLAND PARK FL 33309																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/05/1981 4. FEI Number 59-2125688 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																	
9. Name and Address of Current Registered Agent SCHEUERMAN, SHANNON C/O LAKEVIEW CLUB APARTMENTS 2819 N OAKLAND FOREST DR OAKLAND PARK FL 33309			10. Name and Address of New Registered Agent 81 Name LOPEZ, CLANCE 82 Street Address (P.O. Box Number is Not Acceptable) C/O LAKEVIEW CLUB APARTMENTS 83 2819 N OAKLAND FOREST DR 84 City Oakland Park FL 85 Zip Code 33309																																																																																																																																																		
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes. SIGNATURE <i>Clance Lopez</i> SECRETARY DATE 10-1-99																																																																																																																																																					
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Clance Lopez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 7-6-99 9547335372
 Date Daytime Phone #