


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90211 019 ****61.25

DOCUMENT # 759489

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



Principal Place of Business
**10034 W MCNAB RD
 TAMARAC, FL 33321**

Mailing Address
**10034 W MCNAB RD
 TAMARAC, FL 33321**

94073532



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03292004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2125688

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CONSOLIDATED COMMUNITY MGMT
 10034 MCNAB RD
 TAMARAC, FL 33321**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	REISSNER, FRED	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAMARCA, JOHN	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAUNITS, MARTIN	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, HARRY JR	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, ALISON	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIRCMER, ANN	
STREET ADDRESS	10034 W MCNAB RD	
CITY-ST-ZIP	TAMARAC, FL 33321	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reissner, Fred	
STREET ADDRESS	10034 MCNAB Rd	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMARCA, JOHN	
STREET ADDRESS	10034 W MCNAB Rd	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Goldberg, Sheldon	
STREET ADDRESS	10034 W MCNAB Rd	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Garcia, Daisy	
STREET ADDRESS	10034 W MCNAB Rd	
CITY-ST-ZIP	TAMARAC, FL 33321	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kircher, Ann	
STREET ADDRESS	10034 W MCNAB Rd	
CITY-ST-ZIP	TAMARAC, FL 33321	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Martin CAUNITS **04/02/04** **954-484-0496**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #