

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000007141

**FILED**  
**Jan 03, 2014**  
**Secretary of State**  
**CC0633601518**

**Entity Name:** OAK AVENUE PARKING PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

40 NW 3RD STREET  
ATTN: FINANCE SCOTT SIMPSON, SUITE 1103  
MIAMI, FL 33128

**Current Mailing Address:**

40 NW 3RD STREET  
ATTN: FINANCE SCOTT SIMPSON, SUITE 1103  
MIAMI, FL 33128

**FEI Number:** 59-1324169

**Certificate of Status Desired:** Yes

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

NORIEGA, ARTHUR  
40 NW 3RD STREET  
ATTN: FINANCE SCOTT SIMPSON, SUITE 1103  
MIAMI, FL 33128 US

*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

**Officer/Director Detail :**

Title VD  
Name REYES, JAMI  
Address 150 SE 2ND AVENUE, SUITE 600  
City-State-Zip: MIAMI FL 33101  
  
Title VD  
Name HILL, MARLON  
Address 200 SOUTH BISCAYNE BLVD, #2750  
City-State-Zip: MIAMI FL 33131  
  
Title VD  
Name NOSTRAND, STEPHEN  
Address 95 MERRICK WAY, SUITE 380  
City-State-Zip: CORAL GABLES FL 33134

Title VD  
Name HERTZ, ARTHUR  
Address 3195 PONCE DE LEON BLVD  
City-State-Zip: CORAL GABLES FL 33134  
  
Title PD  
Name JELKE, THOMAS B  
Address 2403 SOUTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33129

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:** THOMAS JELKE

**PRESIDENT**

**01/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date