


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90081 014 ****61.25


40004110



DOCUMENT # N96000002121			
1. Entity Name OAKBRIDGE PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business SW 31ST AVENUE DANIA, FL 33312		Mailing Address ATLANTIS MANAGEMENT SERVICES, LC 11011 SHERIDAN STREET COOPER CITY, FL 33026 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0670497		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
EISINGER, DENNIS J ESQ. 4000 HOLLYWOOD BLVD., #265 SOUTH HOLLYWOOD, FL 33021		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ROBERT <input checked="" type="checkbox"/> Delete 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Paparella, Michael <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11011 Sheridan Street, #208 Cooper City, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, GAYLE <input checked="" type="checkbox"/> Delete 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Spencer, Elaine <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11011 Sheridan Street, #208 Cooper City, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TAYLOR, CONRAD <input type="checkbox"/> Delete 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bar, Eran <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11011 Sheridan Street, #208 Cooper City, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIKE, SUSAN <input type="checkbox"/> Delete 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mickovic, Dragan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11011 Sheridan Street, #208 Cooper City, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTZER, MARK <input checked="" type="checkbox"/> Delete 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Goodman, Batya <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11011 Sheridan St., #208 Cooper City, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Reyes, Richard <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 11011 Sheridan Street, #208 Cooper City, FL 33026
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: 4.5.07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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ATTACHMENT

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03082007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0670497	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
EISINGER, DENNIS J ESQ. 4000 HOLLYWOOD BLVD., #265 SOUTH HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REYES, ROBERT 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Katz, Marshall 11011 Sheridan Street, #208 Cooper City, FL 33026	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REED, GAYLE 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUTZER, MARK 11011 SHERIDAN STREET, #208 COOPER CITY, FL 33026	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____			4-5-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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