


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90064 023 \*\*\*\*61.25

**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 #  
**11011 Sheridan Street**

3. Mailing Address

Suite, Apt. #, etc.  
**# 208**

Suite, Apt. #, etc.

City & State  
**Cooper City, FL**


City & State

Zip  
**33026**

Country  
**USA**

Zip Country

4000



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0670497**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**EISINGER, DENNIS J ESQ.  
 4000 HOLLYWOOD BLVD., #265 SOUTH  
 HOLLYWOOD, FL 33021**

**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 \_\_\_\_\_  
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, 2008**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>PAPARELLA, MICHAEL<br>11011 SHERIDAN STREET, #208<br>COOPER CITY, FL 33026 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>SPENCER, ELAINE<br>11011 SHERIDAN STREET, #208<br>COOPER CITY, FL 33026   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>TAYLOR, CONRAD<br>11011 SHERIDAN STREET, #208<br>COOPER CITY, FL 33026    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>LIKE, SUSAN<br>11011 SHERIDAN STREET, #208<br>COOPER CITY, FL 33026       | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GOODMAN, BATYA<br>11011 SHERIDAN STREET, #208<br>COOPER CITY, FL 33026     | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Eran Bar<br>11011 Sheridan St #208<br>Cooper City, FL 33026       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Ed Morales<br>11011 Sheridan St #208<br>Cooper City, FL 33026     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Richard Reyes<br>11011 Sheridan St. #208<br>Cooper City, FL 33026 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>Marshall Katz<br>11011 Sheridan St. #208<br>Cooper City, FL 33026 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-16-08** Daytime Phone #