# FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

pg. 1 of 2

DOCUMENT # 739804 (3)

1. Corporation Name

OAKDALE ONE ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5995 BANNOCK TERR<br>C/O CRYSTAL MANAGEMENT<br>BOYNTON BEACH FL 33437 | 5995 BANNOCK TERR<br>C/O CRYSTAL MANAGEMENT<br>BOYNTON BEACH FL 33437 |

3. Date Incorporated or Qualified: 08/16/1977
3a. Date of Last Report: 03/17/1995
4. FEI Number: 59-1846262 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

BARTLETT, JOE
CRYSTAL COMMUNITY MANAGEMENT
5995 BANNOCK TERR
BOYNTON BEACH 33437

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, AL | | 1.2 NAME | | |
| STREET ADDRESS | 11147 OAKDALE RD | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BCH FL | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COHEN, SAMUEL | | 2.2 NAME | | |
| STREET ADDRESS | 11127 OAKDALE RD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BCH FL | | 2.4 CITY-ST-ZIP | | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | ROMBERG, SYLVIA | | 3.2 NAME | | |
| STREET ADDRESS | 11063 OAKDALE RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BCH FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | ATD | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | GREENGROSS, EVELYN | | 4.2 NAME | Sumner Greengross | |
| STREET ADDRESS | 11087 OAKDALE RD | | 4.3 STREET ADDRESS | 11087 Oakdale Road | |
| CITY-ST-ZIP | BOYNTON BCH FL | | 4.4 CITY-ST-ZIP | Boynton Beach, FL 33437 | |
| TITLE | D | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | WISH, SAM | | 5.2 NAME | Martin Karpel | |
| STREET ADDRESS | 11075 OAKDALE RD | | 5.3 STREET ADDRESS | 11163 Oakdale Road | |
| CITY-ST-ZIP | BOYNTON BCH, FL 00000 | | 5.4 CITY-ST-ZIP | Boynton Beach, FL 33437 | |
| TITLE | TD | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RAPHEL, BERNARD | | 6.2 NAME | | |
| STREET ADDRESS | 1159 OAKDALE RD | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BOYNTON BEACH FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

**SIGNATURE:** Dr Albert M Miller Pres. 4/1/96 407-734-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

739804 282

# OAKDALE ONE ASSOCIATION, INC.

5995 BANNOCK TERRACE
BOYNTON BEACH, FLORIDA 33437
(407) 734-8005

ADDITIONAL DIRECTORS FOR OAKDALE ONE

D
Richard Kunkel
11155 Oakdale Road
Boynton Beach, FL 33437

D
Irving Malyn
11071 Oakdale Road
Boynton Beach, FL 33437

D
Stanley Melrose
11047 Oakdale Road
Boynton Beach, FL 33437