
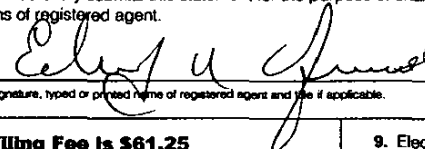
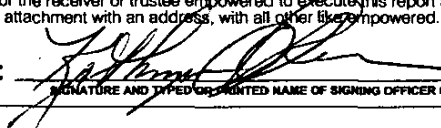


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90439 021 ****61.25

DOCUMENT # 739804					
1. Entity Name OAKDALE ONE ASSOCIATION, INC.					
Principal Place of Business 5995 BANNOCK TERR C/O CRYSTAL MANAGEMENT BOYNTON BEACH, FL 33437			Mailing Address 5995 BANNOCK TERR C/O CRYSTAL MANAGEMENT BOYNTON BEACH, FL 33437		
2. Principal Place of Business SAME		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1846262	
Zip		Country		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			
BARTLETT, JOE CRYSTAL COMMUNITY MANAGEMENT 5995 BANNOCK TERR BOYNTON BEACH, FL 33437		Name EDWARD O'CONNELL			
		Street Address (P.O. Box Number is Not Acceptable) CRYSTAL COMMUNITY MANAGEMENT			
		5995 BANNOCK TERRACE			
		City BOYNTON BEACH		FL	
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 		EDWARD O'CONNELL		4/26/06 DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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 MILLER, AL 11147 OAKDALE RD BOYNTON BCH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATHRYN REESE 11175 OAKDALE ROAD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BASCOM, ROBERT 11115 OAKDALE ROAD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOAN FOGLIA 11151 OAKDALE ROAD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIED, DIANE 11095 OAKDALE RD. BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIRLEY MALYN 11071 OAKDALE ROAD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRESTON, AUSTIN 11067 OAKDALE RD. BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAN MELROSE 11047 OAKDALE ROAD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITTAKER, ANTHONY 11135 OAKDALE ROAD BOYNTON BEACH, FL 33437	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIANE FRIED 11095 OAKDALE RD BOYNTON BEACH, FL 33437	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KURNIT, HAL 11091 OAKDALE RD BOYNTON BCH, FL	<input type="checkbox"/> Delete			
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: 				4/27/06 561-737-3327 Date Daytime Phone #	