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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 753821

1. Corporation Name
VILLAGE OF OAKWOOD LAKES, INC.

148190 90130 28

Principal Place of Business	Mailing Address
9876 OAKWOOD LAKES DR BOYNTON BCH. FL 33436 US	ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY #10 LAKEWORTH FL 33460 US

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 08/18/1980 4. FEI Number 59-2259270 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ASSOCIATED PROPERTY MANAGEMENT 400 S DIXIE HWY #10 LAKEWORTH FL 33460	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	T	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	PERLMUTTER, FRED #54		1.2 NAME	Herb Mantell	
STREET ADDRESS	3509 SILVERLACE LN		1.3 STREET ADDRESS	3792 Silver Lace Lane #96	
CITY-ST-ZIP	BOYNTON BCH, FL 00000		1.4 CITY-ST-ZIP	Boynton Beach. FL. 33436	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KATTE, KENNETH		2.2 NAME		
STREET ADDRESS	3587 SILVERLACE LN #59		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MERRITT, JIM		3.2 NAME		
STREET ADDRESS	3561 SILVERLACE LN #61		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		3.4. CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLDEN, LINDA		4. 2 NAME		
STREET ADDRESS	3561 SILVERLACE LN #62		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	~~M~~	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~BLOCHER, JOHN~~		5.2 NAME		
STREET ADDRESS	~~3720 11 SILVERAGE LN~~.		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~BOYNTON BEACH FL~~		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Herb Mantell 2/11/99 561-997 5555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #