NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)
Apr 02, 2002 8:00 am

DOCUMENT # 753821	Secretary of State 04-02-2002 90111 009 ****61.25
VILLAGE OF OAKWOOD LAKES, INC.	
DO NOT WRITE IN THIS SP	PACE
2. Principal Place of Business 3. Mailing Address ASSOCIATED PROF	B0056842
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. NN S. DIXIE	DO NOT WRITE IN THIS SPACE
BOYNTON BEACH, FL LAKE WORTH	4. FEI Number Applied For Not Applicable
Zip Country Zip 33436 US 33460	Country US 5. Certificate of Status Desired Fee Required \$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent
DO NOT WRITE	ASSOCIATED PROPERTY MANAGEMENT Syeet Address (RO. Box, Number is Not Acceptable) HOD S. DIXIE HWY, STE 10
IN THIS SPACE	700 5. 57 270
	City AKE WORTH, FL FL 33460
8. The above named entity submits this statement for the purpose of changing its reg	egistered office or registered agent, or both, in the state of Florida.
SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	Registered Agent signature required when reinstating) DATE
FEE IS \$61.25 Initial or Amended UBR Trust Fund Con	
10. OFFICERS AND DIRECTORS	TILE
NAME MANTELL HERB STREET ADDRESS 3792 STLVER LACE LANE # 96	NAME STREET ADDRESS
CITY-ST-ZIP BOYNTON BEACH, PL 33436	CITY-ST-ZIP
NAME KATTE, KENNETH STREET ADDRESS 3587 STLVER CACE LANE #59 CITY-ST-ZIP ROYATAN BRACH FI 3343(NAME STREET ADDRESS CITY-ST-ZIP
THE DO TO DEACH, FC 32136	TITLE
NAME STREET ADDRESS 3561 SIVERLACE LANE 61	NAME STREET ADDRESS DO NIOTE NAMEDITE
OTY-ST-ZIP BOYNTON BEACH, PC 33936	CITY-ST-ZIP DO NOT WRITE
NAME STREET ADDRESS 3561 SILVER LACE LAND \$62	NAME IN THIS SPACE
CITY-ST-ZIP BOYNTON BEACH, PC 33436	CITY-ST-ZIP
TITLE TD	TITLE '
NAME LUCAL ERIC	NAME ·
	NAME · STREET ADDRESS CITY-ST-ZIP
STREET ADDRESS 3665 SILVERLACE LANE # 78	STREET ADDRESS

12. 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 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 on an attachment with an address with all other like empowered.

SIGNATURE: