

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90137 043 ****61.25

DOCUMENT # 753821

1. Entity Name

VILLAGE OF OAKWOOD LAKES, INC.



Principal Place of Business

9876 OAKWOOD LAKES DR
BOYNTON BEACH FL 33436
US

Mailing Address

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH FL 33461
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2259270

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
SUITE 10
LAKE WORTH FL 33461

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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	VD	☒ Delete
NAME	ROSYNEK, FRANK	
STREET ADDRESS	3812 LACE VINE LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	☐ Delete
NAME	WATTS, CAROLYN	
STREET ADDRESS	3817 LACE VINE LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	☒ Delete
NAME	WATTS, CAROLYN	
STREET ADDRESS	3817 LACE VINE LANE	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	☒ Delete
NAME	GOLDEN, LINDA	
STREET ADDRESS	3561 SILVER LACE LANE # 62	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	PD	☒ Delete
NAME	MERRITT, JAMES	
STREET ADDRESS	3561 SILVERLACE LN #61	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	D	
NAME	MANTELL, HERBERT	
STREET ADDRESS	3792 SILVERLACE LN	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☒ Change ☐ Addition
NAME	ROSYNEK, FRANK	
STREET ADDRESS	3812 LACE VINE LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VPD	☐ Change ☒ Addition
NAME	SCIANDRA, C. CHARLES	
STREET ADDRESS	72 COMMONWEALTH AVE.	
CITY-ST-ZIP	BUFFALO, NY 14216	
TITLE	SD	☐ Change ☒ Addition
NAME	MUFFOLETTO, ELAINE	
STREET ADDRESS	151 BERNHARDT DR.	
CITY-ST-ZIP	AMHERST, NY 14226	
TITLE	D	☐ Change ☒ Addition
NAME	TERRY, RAYMOND	
STREET ADDRESS	3813 SILVERLACE LANE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Daytime Phone #