

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

DOCUMENT # 753822 (6)
1. Corporation Name
OAKWOOD LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY., SUITE #10 LAKE WORTH FL 33460
% ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY., SUITE #10 LAKE WORTH FL 33460

3. Date Incorporated or Qualified 08/18/1980
3a. Date of Last Report 03/15/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2187144	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Country		<input type="checkbox"/>	
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Country		<input type="checkbox"/>	
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY., SUITE #10 LAKE WORTH FL 33460				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	RD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GENTZLER, DAVID			1.2 NAME	Jane Weeks		
STREET ADDRESS	3702 SILVERLACE LANE #15			1.3 STREET ADDRESS	3613 Silverlace Lane, #68		
CITY-ST-ZIP	BOYNTON BEACH FL			1.4 CITY-ST-ZIP	Boynton Beach, FL		
TITLE	RD ?	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORBIT, MICHAEL			2.2 NAME			
STREET ADDRESS	3743 SILVERLACE LANE, #3			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE	DR	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	UD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ADLER, PHYLLIS			3.2 NAME	George Sledge		
STREET ADDRESS	3702 SILVERLACE LANE #16			3.3 STREET ADDRESS	3606 Silverlace Lane, #39		
CITY-ST-ZIP	BOYNTON BEACH FL			3.4 CITY-ST-ZIP	Boynton Beach, FL		
TITLE	DR	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ROSS, PHILIP			4.2 NAME	William Arquist		
STREET ADDRESS	3717 SILVERLACE LANE #70			4.3 STREET ADDRESS	3726 Silverlace Lane, #10		
CITY-ST-ZIP	BOYNTON BEACH FL			4.4 CITY-ST-ZIP	Boynton Beach, FL		
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALOSI, ALVIN			5.2 NAME			
STREET ADDRESS	3691 SILVERLAKE LANE, #75			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOYNTON BCH. FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: Alvin Alosi 3-20-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)