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**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 753822

1. Corporation Name

OAKWOOD LAKES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

% ASSOCIATED PROPERTY MANAGEMENT  
 400 SOUTH DIXIE HWY., SUITE #10  
 LAKE WORTH FL 33460

Mailing Address

% ASSOCIATED PROPERTY MANAGEMENT  
 400 SOUTH DIXIE HWY., SUITE #10  
 LAKE WORTH FL 33460



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

30

3. Date Incorporated or Qualified

08/18/1980

4. FEI Number

59-2187144

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT  
 400 SOUTH DIXIE HWY., SUITE #10  
 LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD  DELETE  
 NAME WEEKS, JANE  
 STREET ADDRESS 3613 SILVERLAKE LANE #68  
 CITY-ST-ZIP BOYNTON BEACH FL

TITLE DP  DELETE  
 NAME CORBIT, MICHAEL  
 STREET ADDRESS 3743 SILVERLACE LANE, #3  
 CITY-ST-ZIP BOYNTON BEACH FL

TITLE VD  DELETE  
 NAME SLEDGE, GEORGE  
 STREET ADDRESS 3606 SILVERLAKE LANE #39  
 CITY-ST-ZIP BOYNTON BEACH FL

TITLE D  DELETE  
 NAME URQUART, WILLIAM  
 STREET ADDRESS 3726 SILVERLAKE LANE #10  
 CITY-ST-ZIP BOYNTON BEACH FL

TITLE TD  DELETE  
 NAME ALOSI, ALVIN  
 STREET ADDRESS 3691 SILVERLAKE LANE, #75  
 CITY-ST-ZIP BOYNTON BCH. FL

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

*W. SLEDGE*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-99

561.732.2195

CR2E037 (1/198)