

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90011 020 ****61.25

DOCUMENT # 753822

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-2187144	Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent ASSOCIATED PROPERTY MANAGEMENT 400 SOUTH DIXIE HWY., SUITE #10 LAKE WORTH FL 33460	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME SD MARTINCARAGE, JAN STREET ADDRESS 3613 SILVERTRACE LANE #6 CITY-ST-ZIP BOYNTON BEACH FL 33436	<input type="checkbox"/> Delete	TITLE NAME DT ROSEN BLATT, JUDITH STREET ADDRESS 3587 SILVER LACE LN #57 CITY-ST-ZIP BOYNTON BEACH, FL 33438	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME DP CORBIT, MICHAEL STREET ADDRESS 3743 SILVERLACE LANE, #3 CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VD SLEDGE, GEORGE STREET ADDRESS 3606 SILVERLAKE LANE #39 CITY-ST-ZIP BOYNTON BEACH FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D URQUART, WILLIAM STREET ADDRESS 3726 SILVERLAKE LANE #10 CITY-ST-ZIP BOYNTON BEACH FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME TD ALOSI, ALVIN STREET ADDRESS 3691 SILVERLAKE LANE, #75 CITY-ST-ZIP BOYNTON BCH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *WLS* 3-21-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)