

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90010 010 \*\*\*\*61.25

**DOCUMENT # 753822**

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10401 Congress Ave  
 Suite #140

City & State  
 Boca Raton, FL

Zip  
 33487

Country  
 USA

3. Mailing Address

10401 Congress Ave  
 Suite #140

City & State  
 Boca Raton, FL

Zip  
 33487

Country  
 USA

4. FEI Number

59-2187144

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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  
 Karen Lippman

Street Address (P.O. Box Number is Not Acceptable)  
 10401 Congress Avenue  
 Suite 140

City  
 Boca Raton

FL

Zip Code  
 33487

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

*Karen Lippman*

4/5/02

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	SD MARTINCARAGE, JAN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3613 SILVERTRACE LANE #6 BOYNTON BEACH FL 33436	
TITLE NAME	DP CORBIT, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3743 SILVERLACE LANE, #3 BOYNTON BEACH FL	
TITLE NAME	VD SLEDGE, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3606 SILVERLAKE LANE #39 BOYNTON BEACH FL	
TITLE NAME	DT ROSEN BLATT, JUDITH R	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3587 SILVER LACE LN #57 BOYNTON BEACH FL 33438	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SD Lynda Golden	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3561 Silverlace Lane #62 Boynton, Beach, FL 33436	
TITLE NAME	DP CORBIT, MICHAEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3743 Silverlace Lane #3 Boynton Bch, FL 33436	
TITLE NAME	VD JIM MERRIT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3501 Silverlace Lane #41 Boynton, Bch, FL 33436	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	D Annette Mander	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3534 Silverlace Lane #44 Boynton Beach, FL 33436	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 27 2002

Date

Daytime Phone #

CR2E037 (9/01)