


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90031 023 ****61.25

DOCUMENT # 753822

1. Entity Name
OAKWOOD LAKES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**

Mailing Address
**ASSOCIATED PROPERTY MGMT.
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

02242005 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461**

4. FEI Number
59-2187144

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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	SD	<input type="checkbox"/> Delete
NAME	GOLDEN, LYNDA	
STREET ADDRESS	3561 SILVERLACE LANE #62	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MERRITT, JIM	
STREET ADDRESS	3561 SILVERLACE LANE #61	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CORBIT, MICHAEL	
STREET ADDRESS	248 GLENEAGLES DR.	
CITY-ST-ZIP	ATLANTIS, FL 33462	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUCAL, ADILEN	
STREET ADDRESS	3665 SILVERLACE LANE #78	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MANDER, ANNETTE	
STREET ADDRESS	3534 SILVERLACE LANE #44	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASCOLA, LAURENCE	
STREET ADDRESS	3639 SILVERLACE LN. #83	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALOISI, ALVIN	
STREET ADDRESS	3691 SILVERLACE LN. #75	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, WILLIAM	
STREET ADDRESS	330 COLUMBIA DR.	
CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, JIM	
STREET ADDRESS	3561 SILVERLACE LN. #61	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: James R. Murrain 3/24/05 561995855
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #