
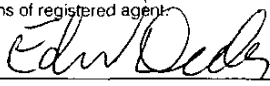
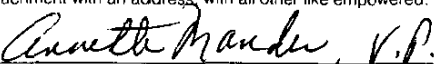


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90045 007 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2187144	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			Name EDWARD DICKER ESQUIRE		
			Street Address (P.O. Box Number is Not Acceptable) 1818 Australian Ave., South		
			Suite 400		
			City West Palm Beach FL		Zip Code 33409
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 		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDER, ANNETTE		NAME	DRAKE, WILLIAM (Don)	
STREET ADDRESS	3534 SILVERLACE LN #44		STREET ADDRESS	330 COLUMBIA DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	LAKE WORTH, FL 33460	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAKE, WILLIAM		NAME	MANDER, ANNETTE	
STREET ADDRESS	3678 SILVERLACE LN #23		STREET ADDRESS	3534 SILVERLACE LN #44	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDEN, LYNDA		NAME	BASEL, LAURI ANN	
STREET ADDRESS	3561 SILVERLACE LN #62		STREET ADDRESS	3630 SILVERLACE LN #26	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASCOLA, LAWRENCE		NAME	MASCOLA, LAWRENCE	
STREET ADDRESS	3639 SILVERLACE LN #83		STREET ADDRESS	3639 SILVERLACE LN #83	
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP	BOYNTON BEACH, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASEL, LAURI A		NAME		
STREET ADDRESS	3630 SILVERLACE LN #26		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33436		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-14-08	
				Daytime Phone #	