

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **753822**
 1. Entity Name
OAKWOOD LAKES CONDO ASSOC., INC.



DO NOT WRITE IN THIS SPACE

11013846

2. Principal Place of Business
ASSOCIATED PROPERTY MGMT
 Suite, Apt. #, etc.
1928 LAKE WORTH RD

3. Mailing Address
ASSOCIATED PROPERTY MGMT
 Suite, Apt. #, etc.
1928 LAKE WORTH RD.

DO NOT WRITE IN THIS SPACE

City & State
LAKE WORTH, FL

City & State
LAKE WORTH, FL

4. FEI Number
 Applied For
 Not Applicable

Zip
33461 Country
USA

Zip
33461 Country
USA

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
 Name
ASSOCIATED-PROPERTY-MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable)
1928 LAKE WORTH RD
 City
LAKE WORTH FL Zip Code
33461

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 **Agent** DATE **4/22/03**

FEE IS **\$61.25**
 Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PD CORBIT, MICHAEL E. 3743 SILVERLACE LANE #3 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERRITT, JIM 3561 SILVERLACE #61 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDEN, LYNDA 3561 SILVERLACE LANE #62 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MANDER, ANNETTE 3534 SILVERLACE LANE #44 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAL, ADILEN 3665 SILVERLACE LANE #78 BOYNTON BEACH, FL 33436	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **M. CORBIT** DATE: **4-15-03**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E0378 (12/02)