

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 APR 18 PH11:22**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # N26874 (0)**

1. Corporation Name

**OAK RUN PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1/3 LANG MANAGEMENT CO., INC.  
5295 TOWN CENTER RD., SUITE 200  
BOCA RATON FL 33486-8088**

**1/3 LANG MANAGEMENT CO., INC.  
5295 TOWN CENTER RD., SUITE 200  
BOCA RATON FL 33486-8088**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/09/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0086041** Applied For  Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

2a. Suits, Apt. #, etc.

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

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

7. Nonprofit with IRS 601(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

24 Zip Country

29 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANG MANAGEMENT CO., INC.  
5295 TOWN CENTER RD.  
SUITE 200  
BOCA RATON FL 33486**

61 Name  
62 Street Address (P.O. Box Number is Not Acceptable)  
63  
64 City **FL** 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLUM, BARRY</b>	1.2 NAME	
STREET ADDRESS	<b>6384 NW 25 WAY</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORNFIELD, ALBERT</b>	2.2 NAME	
STREET ADDRESS	<b>2412 NW 63 ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	2.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FORSMAN, ANN</b>	3.2 NAME	
STREET ADDRESS	<b>2416 NW 63 ST.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAPIDUS, PHYLLIS</b>	4.2 NAME	
STREET ADDRESS	<b>2482 NW 63RD ST.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FENGLER, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>6309 NW 25 WAY</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33496</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/28/95 407 241 3809**