

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90660 031 ****70.00

DOCUMENT # N26874

1. Entity Name

OAK RUN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business

% LANG MANAGEMENT CO., INC.
21045 COMMERCIAL TR
BOCA RATON FL 33486

Mailing Address

% LANG MANAGEMENT CO., INC.
21045 COMMERCIAL TR
BOCA RATON FL 33486

34034003



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0086041

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAM K. ISAACSON,
21045 COMMERCIAL TR
BOCA RATON FL 33486

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

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
Due By May 1, 2004

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 | D | <input type="checkbox"/> Delete |
| NAME | DICKER, BARBARA | |
| STREET ADDRESS | 6390 NW 24TH AVE | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | FORSMAN, ANN | |
| STREET ADDRESS | 2416 NW 63 ST. | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | LAPIDUS, PHYLLIS | |
| STREET ADDRESS | 2482 NW 63RD ST. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | FENGLER, JOHN | |
| STREET ADDRESS | 6309 NW 25 WAY | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | ELLER, ALAN | |
| STREET ADDRESS | 2447 NW 63RD ST | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Carney William | |
| STREET ADDRESS | 2416 NW 63 ST | |
| CITY-ST-ZIP | BOCA RATON FL 33496 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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:

Alan Eller Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/04
Date

2410722
Daytime Phone #