


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90098 021 \*\*\*\*70.00

<b>DOCUMENT # N26874</b>		
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
---	---

40076606



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0086041	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$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	Typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	--	------

Filing Fee is \$61.25 Due by May 1, 2007	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**

TITLE	VPD	<input type="checkbox"/> Delete
NAME	DAKER, BARBARA	
STREET ADDRESS	6390 NW 24 AVE	
CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EPSTEIN, PAULA	
STREET ADDRESS	2404 NW 63 ST	
CITY - ST - ZIP	BOCA RATON, FL 33496	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHWARTZ, HOWARD	
STREET ADDRESS	6364 NW 25 WAY	
CITY - ST - ZIP	BOCA RATON, FL 33496	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAPIDUS, PHYLLIS	
STREET ADDRESS	2482 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		
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 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, in all other like empowered.

SIGNATURE: Alan V. Eller	Alan V. Eller	4/16/2007	Date	Daytime Phone #
--------------------------	---------------	-----------	------	-----------------