

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90222 033 ****70.00

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DOCUMENT # N26874

1. Entity Name
OAK RUN PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business 3. Mailing Address

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

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 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	PD BLUM, BARRY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6364 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	SD FORSMAN, ANN	<input type="checkbox"/> Delete
STREET ADDRESS	2416 NW 63 ST.	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME	TD LAPIDUS, PHYLLIS	<input type="checkbox"/> Delete
STREET ADDRESS	2482 NW 63RD ST.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	VPD FENGLER, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	6309 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE NAME	D ELLER, ALAN	<input type="checkbox"/> Delete
STREET ADDRESS	6325 NW 25 WAY	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D DICKER, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6390 NW 24 AVE	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P/D ELLER, ALAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2447 NW 63 ST	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Phyllis Lapidus* 4/3/03 561-285-3680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)