

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 22 AM 11:05

DOCUMENT # 752399

(6)

1. Corporation Name

**OAK COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION
.INC.**

Principal Place of Business

Mailing Address

OAK TERRACE DRIVE
GREENACRES CITY FL 33460

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GREENACRES CITY FL 33460

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1980

3a. Date of Last Report

03/23/1994

4. FEI Number

59-2132242

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Associated Property Management
Suite, Apt. #, etc.

26 Assoc. Prop Mgmt
Suite, Apt. #, etc.

22 400 S. Dixie Hwy #10
City & State

27 400 S. Dixie Hwy
City & State

23 Lake Worth, FL
Zip Country

28 Lake Worth, FL
Zip Country

24 33460

25 USA

29 33460

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY., STE. 10
LAKE WORTH FL 33460

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MASULLI, LORI
STREET ADDRESS 4181 OAK TERRACE DR.
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D/T
NAME REEVES, TAMMY
STREET ADDRESS 4145 OAK TERRACE DRIVE
CITY-ST-ZIP LAKE WORTH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME SCHURGA, MARIE
STREET ADDRESS 4129 OAK TERRACE DRIVE
CITY-ST-ZIP LAKE WORTH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE WD
NAME ZIEGLER, HAZEN
STREET ADDRESS 4169 OAK TERRACE DRIVE
CITY-ST-ZIP LAKE WORTH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE WD
NAME WAXMAN, HELEN
STREET ADDRESS 4159 OAK TERRACE DRIVE
CITY-ST-ZIP LAKE WORTH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), Florida Statutes. I further certify that the information indicated 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 617, Florida Statutes; and that my name appears in Block 12 or (Block 13 if changed), or on an attachment with an address.

SIGNATURE:

Marie H. Schurga
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/95
Date

968-01-45
Corporate/Personal