

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

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90035 034 ****61.25

DOCUMENT # 758213

1. Entity Name

**OAK CIRCLE CONDOMINIUM WAREHOUSE ASSOCIATION,
INC.**



Principal Place of Business

**4301 OAK CIRCLE DR.
UNIT 3
BOCA RATON FL 33431**

Mailing Address

**C/O MANAGEMENT SERVICES OF AMERICA
639 E. OCEAN AVE. SUITE 204
BOYNTON BEACH FL 33435**

44020107



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2151531

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FEKETE, DANIEL
4201 OAK CIRCLE DR.
SUITE 29
BOCA RATON FL 33431**

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 P/D ☐ Delete
NAME CASE, CLIFFORD
STREET ADDRESS 4201 OAK CIR. DR. #38
CITY-ST-ZIP BOCA RATON FL 33431

TITLE V/D ☐ Delete
NAME FEKETE, DANIEL
STREET ADDRESS 4201 OAK CIRCLE DR. #29
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME BORS, SIDNEY
STREET ADDRESS 4201 OAK CIRCLE DR. #29
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ Delete
NAME WINANS, STUART (D)
STREET ADDRESS 3820 N.E. 26th AVE.
CITY-ST-ZIP LIGHTHOUSE POINT, FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME D.T. SIDNEY BORS
STREET ADDRESS 4201 OAK CIR DR #29 BOCA RATON FL 33431
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/04 561 395-1859

Date

Daytime Phone #