


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 023 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2151531	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASE, CLIFFORD		NAME		
STREET ADDRESS	4201 OAK CIR. DR. #38		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FEKETE, DANIEL		NAME		
STREET ADDRESS	4201 OAK CIRCLE DR. #29		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	DT-	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BORS, SIDNEY		NAME		
STREET ADDRESS	4201 OAK CIRCLE DR. #29		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINANS, STUART		NAME		
STREET ADDRESS	3820 N.E. 26TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<i>Arlene Winans</i>		NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>CLIFFORD ST. CASE</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>3/23/05</i> Daytime Phone #: <i>561-395 1857</i>		