

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90365 005 \*\*\*\*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**

40073972



02072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

**7700 Congress Avenue**

Suite, Apt. #, etc.  
**Suite 1128**

City & State  
**Boca Raton**

Zip  
**33487**

Country  
**USA**

3. Mailing Address

**7700 Congress Avenue**

Suite, Apt. #, etc.  
**Suite 1128**

City & State  
**Boca Raton, FL**

Zip  
**33487**

Country  
**USA**

4. FEI Number  
**59-2151531**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**Management Services  
of America  
7700 Congress Ave Ste 1128  
Boca Raton, FL 33487**

7. Name and Address of New Registered Agent

Name  
**Management Services of America**  
Street Address (P.O. Box Number is Not Acceptable)  
**7700 Congress Avenue Suite 1128**  
City  
**Boca Raton** FL Zip Code  
**33487**

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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	<input type="checkbox"/> Delete
NAME	CASE, CLIFFORD	
STREET ADDRESS	4201 OAK CIR. DR. #38	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	V/D	<input type="checkbox"/> Delete
NAME	FEKETE, DANIEL	
STREET ADDRESS	4201 OAK CIRCLE DR. #29	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BORS, SIDNEY	
STREET ADDRESS	4201 OAK CIRCLE DR. #29	
CITY-ST-ZIP	BOCA RATON, FL 33431	
TITLE	D	<input type="checkbox"/> Delete
NAME	WINANS, STUART	
STREET ADDRESS	3820 N.E. 26TH AVE.	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33064	
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	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" 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	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arlene Winans	
STREET ADDRESS	3820 NE 26th Ave	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan Levin

4.26.06

Date

561 988 1888

Daytime Phone #