


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90399 044 ****61.25

DOCUMENT # 758213	
1. Entity Name OAK CIRCLE CONDOMINIUM WAREHOUSE ASSOCIATION, INC.	

Principal Place of Business 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487	Mailing Address 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487
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40088031



2. Principal Place of Business - No P.O. Box # 500 NE Spanish River Blvd	3. Mailing Address 500 NE Spanish River Blvd
Suite, Apt. #, etc. Suite 1B	Suite, Apt. #, etc. Suite 1B
City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431	Country US

02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2151531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MANAGEMENT SERVICES OF AMERICA 7700 CONGRESS AVE SUITE 1128 BOCA RATON, FL 33487	7. Name and Address of New Registered Agent Name Willis Ernest Street Address (P.O. Box Number is Not Acceptable) 500 NE Spanish River Blvd Suite 8 City Boca Raton FL Zip Code 33431
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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 \$81.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP CASE, CLIFFORD <input type="checkbox"/> Delete 4201 OAK CIR. DR. #38 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD Clifford Case <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 Oak Cir. Dr. #38 Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEKETE, DANIEL <input type="checkbox"/> Delete 4201 OAK CIRCLE DR. #29 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Sidney Bors <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 Oak Cir. Dr. #29 Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BORS, SIDNEY <input type="checkbox"/> Delete 4201 OAK CIRCLE DR. #29 BOCA RATON, FL 33431	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Stuart Winans <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4201 Oak Cir. #41 Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WINANS, STUART <input type="checkbox"/> Delete 3820 N.E. 26TH AVE. LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arlene Winans <input type="checkbox"/> Change <input type="checkbox"/> Addition 4201 Oak Cir. #41 Boca Raton FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINANS, ARLENE <input type="checkbox"/> Delete 3820 NE 26TH AVE LIGHTHOUSE POINT, FL 33064	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sidney Bors* **4/27/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #