

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739804

Entity Name: OAKDALE ONE ASSOCIATION, INC.**Current Principal Place of Business:**PHOENIX MANAGEMENT SERVICES, INC.
6131B LAKE WORTH RD.
GREENACRES, FL 33463**Current Mailing Address:**PHOENIX MANAGEMENT SERVICES, INC.
6131B LAKE WORTH RD.
GREENACRES, FL 33463 US**FEI Number:** 59-2543831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENTHAL, DAVID
PHOENIX MANAGEMENT SERVICES, INC.
6131B LAKE WORTH RD.
GREENACRES, FL 33463 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	AMUSO, JACQUELINE
Address	11099 OAKDALE RD.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	VP
Name	REESE, KATHY
Address	11175 OAKDALE RD.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	D
Name	LEVINSON, SUNNY
Address	11043 OAKDALE RD.
City-State-Zip:	BOYNTON BEACH FL 33437

Title	PRESIDENT
Name	COLLINS, PETER
Address	11087 OAKDALE RD
City-State-Zip:	BOYNTON BEACH, FL 33437

Title	SECRETARY
Name	FOGLIA, JOAN
Address	11151 OAKDALE ROAD
City-State-Zip:	BOYNTON BEACH FL 33474

Title	TREASURER
Name	NEWLANDS, FRANK
Address	11171 OAK DALE ROAD
City-State-Zip:	BOYNTON BEACH FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PETER COLLINS

PRESIDENT

03/05/2015

Electronic Signature of Signing Officer/Director Detail_____
Date