2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30934

Entity Name: THE OAK SCHOOL OF DELRAY BEACH, INC.

FILED
May 27, 2015
Secretary of State
CC1539612741

Current Principal Place of Business:

721 CABLE BEACH LANE

NORTH PALM BEACH, FL 33410

Current Mailing Address:

721 CABLE BEACH LANE

NORTH PALM BEACH, FL 33410

FEI Number: 65-0144766 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHLICHTING, NANCY RESQ 721 CABLE BEACH LANE NORTH PALM BEACH, FL 33410 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 D Title SECRETARY

Name SCHLICHTING, NANCY R Name MOUW, CATHERINE

Address 721 CABLE BEACH LANE Address 1231 VISTA DEL MAR DR

City-State-Zip: NORTH PALM BEACH FL 33410 City-State-Zip: DELRAY BEACH FL 33463

Title D Title D

Name MOUW, ARMAND Name ROMFH, ELIZABETH R

Address 1231 VISTA DEL MAR DR Address 721 CABLE BEACH LANE

City-State-Zip: DELRAY BEACH FL 33463 City-State-Zip: NORTH PALM BEACH FL 33410

Title PRESIDENT Title [

Name ROMFH, JULES M Name LALANE, ROBERT

Address 721 CABLE BEACH LANE Address 832 SOUTHWEST 36TH STREET

City-State-Zip: NORTH PALM BEACH FL 33410 City-State-Zip: BOYNTON BEACH FL 33435

Title TREASURER
Name LALANE, MONICA

Address 832 SOUTHWEST 36TH STREET
City-State-Zip: BOYNTON BEACH FL 33435

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: JULES ROMFH PRESIDENT 05/27/2015