

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30934

**FILED**  
**Mar 25, 2016**  
**Secretary of State**  
**CC7777205506**

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

**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  
Name SCHLICHTING, NANCY R  
Address 721 CABLE BEACH LANE  
City-State-Zip: NORTH PALM BEACH FL 33410

Title SECRETARY  
Name MOUW, CATHERINE  
Address 1231 VISTA DEL MAR DR  
City-State-Zip: DELRAY BEACH FL 33463

Title D  
Name MOUW, ARMAND  
Address 1231 VISTA DEL MAR DR  
City-State-Zip: DELRAY BEACH FL 33463

Title D  
Name ROMFH, ELIZABETH R  
Address 721 CABLE BEACH LANE  
City-State-Zip: NORTH PALM BEACH FL 33410

Title PRESIDENT  
Name ROMFH, JULES M  
Address 721 CABLE BEACH LANE  
City-State-Zip: NORTH PALM BEACH FL 33410

Title D  
Name LALANE, ROBERT  
Address 832 SOUTHWEST 36TH STREET  
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 M ROMFH

**PRESIDENT**

**03/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date