



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90450 046 ****61.25

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|---|---|---|--|--|---|
| DOCUMENT # 739804 1. Entity Name OAKDALE ONE ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 5995 BANNOCK TERR C/O CRYSTAL MANAGEMENT BOYNTON BEACH, FL 33437 | | | Mailing Address 5995 BANNOCK TERR C/O CRYSTAL MANAGEMENT BOYNTON BEACH, FL 33437 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 02232005 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 59-1846262 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BARTLETT, JOE CRYSTAL COMMUNITY MANAGEMENT 5995 BANNOCK TERR BOYNTON BEACH, FL 33437 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 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 | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLER, AL 11147 OAKDALE RD BOYNTON BCH, FL | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD REESE, KATHRYN 11175 OAKDALE ROAD BOYNTON BEACH, FL 33437 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHARNEY, BERNARD 11107 OAKDALE ROAD BOYNTON BEACH, FL 33437 | <input checked="" type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FRIED, DIANE 11095 OAKDALE RD. BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PRESTON, AUSTIN 11067 OAKDALE RD. BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WHITTAKER, ANTHONY 11135 OAKDALE ROAD BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KURNIT, HAL 11091 OAKDALE RD BOYNTON BCH, FL | <input type="checkbox"/> Delete | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MALYN, SHIRLEY 11071 OAKDALE ROAD BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MELROSE, STANLEY 11047 OAKDALE ROAD BOYNTON BEACH, FL 33437 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dr. Albert M. Miller</u> 3/2/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |