

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90430 021 \*\*\*\*61.25

<b>DOCUMENT # 744807</b> 1. Entity Name <b>OAKDALE TOWNHOMES II ASSOCIATION, INC.</b>					
Principal Place of Business <b>5995 BANNOCK TERR</b> <b>BOYNTON BCH, FL 33437 US</b>			Mailing Address <b>5995 BANNOCK TERR</b> <b>BOYNTON BCH, FL 33437 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-2038885</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARTLETT, JOE / CRYSTAL COMM. MGMT.</b> <b>5995 BANNOCK TERR.</b> <b>BOYNTON BCH., FL 33437</b>				7. Name and Address of New Registered Agent Name <b>EDWARD O'CONNELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>CRYSTAL COMMUNITY MANAGEMENT, INC.</b> <b>5995 BANNOCK TERR.</b> City <b>BOYNTON BEACH</b>	
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.				DATE <b>4/27/2006</b>	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HARRIS, RICHARD</b> <b>5349 STONYBROOK DRIVE</b> <b>BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NEFF, KENNETH</b> <b>5327 STONYBROOK DRIVE</b> <b>BOYNTON BEACH, FL 33437</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHUSID, JUNE</b> <b>5308 STONYBROOK LANE</b> <b>BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEVINE, HY</b> <b>5333 STONYBROOK LANE</b> <b>BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SCHWARTZ, RITA</b> <b>5366 STONYBROOK LANE</b> <b>BOYNTON BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Cayz, John</b> <b>5380 Stonybrook Lane</b> <b>Boynton Beach, FL 33437</b>	<input checked="" 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.					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>4-28-06</b>					
Daytime Phone # <b>734-8005</b>					

50018306



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