

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90139 025 \*\*\*\*61.25

**DOCUMENT # 752398**

1. Entity Name

**CEDAR COURT OF OAK TERRACE CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

Mailing Address

1928 LAKE WORTH RD.  
LAKE WORTH FL 33461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2132246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT  
1928 LAKE WORTH RD.  
LAKE WORTH FL 33461**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete  
NAME THOMPSON, DOROTHY  
STREET ADDRESS 4461 OAK TERRACE DR  
CITY-ST-ZIP LAKE WORTH FL

TITLE PD ☐ Delete  
NAME CLEMENTS, JILL A  
STREET ADDRESS 4488 OAK TERRACE DR  
CITY-ST-ZIP GREEN ACRES CITY FL 33463

TITLE STD ☒ Delete  
NAME DOUGHERTY, CRAIG  
STREET ADDRESS 448 GLENBROOK DRIVE  
CITY-ST-ZIP ATLANTIS FL

TITLE D ☒ Delete  
NAME MONTALGANO, RAY G  
STREET ADDRESS 4477 OAK TERRACE DR  
CITY-ST-ZIP GREEN ACRES CITY FL 33463

TITLE D ☒ Delete  
NAME BRATNICK, JEANNE  
STREET ADDRESS 4468 OAK TERRACE DR  
CITY-ST-ZIP GREEN ACRES CITY FL 33463

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☐ Change ☒ Addition  
NAME ISHIZAKI, COLLETTE  
STREET ADDRESS 4478 OAK TERRACE DR.  
CITY-ST-ZIP GREEN ACRES CITY, FL 33463

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

*Jill A Clements, Jill A. Clements* 03/16/06 561-994-3900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # Ext. 133