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Mar 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752399 (6)

1. Corporation Name

OAK COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION ,INC.

Principal Place of Business	Mailing Address
ASSOCIATED PROP MGMT 400 S. DIXIE HWY LAKE WORTH FL 33460 US	ASSOC. PROP MGMT 400 S. DIXIE HWY LAKE WORTH FL 33460-4457 US

3. Date Incorporated or Qualified: 05/08/1980
3a. Date of Last Report: 03/22/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24 Country — 25
Zip — 29 Country — 30

4. FEI Number: 59-2132242 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes (X) No

9. Name and Address of Current Registered Agent

ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY., STE. 10
LAKE WORTH FL 33460

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	D	☐ Change ☐ Addition
NAME	~~MASULLI, LORI~~		1.2 NAME	Reeves, Tamra	
STREET ADDRESS	~~4181 OAK TERRACE DR.~~		1.3 STREET ADDRESS	4145 Oak Terrace Drive	
CITY-ST-ZIP	~~LAKE WORTH FL~~		1.4 CITY-ST-ZIP	Greenacres, FL	
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DOUGHERTY, CRAIG		2.2 NAME		
STREET ADDRESS	448 GLENBROOK DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIS FL		2.4 CITY-ST-ZIP		
TITLE	SDT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHURGA, MARIE		3.2 NAME		
STREET ADDRESS	4129 OAK TERRACE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, HAZEN		4.2 NAME		
STREET ADDRESS	4169 OAK TERRACE DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		4.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WAXMAN, HELEN		5.2 NAME		
STREET ADDRESS	4159 OAK TERRACE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] REQUIRED 2/27/97 561-433-8209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0039181