2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State
03-31-2005 90047 033 ****61.25

DOCUMENT # 752399

1. Entity Name
OAK COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION,INC.

Principal Place of Business	Mailing Address
C/O ASSCIATED PROP. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US	C/O ASSCIATED PROP. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US

02242005 Chg-NP CR2E037 (10/03)

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 59-2132242 ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DOUGHERTY, CRAIG 448 GLENBROOK DRIVE ATLANTIS, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MEYERSON, JACK 4105 OAK TERRACE DR. GREENACRES CITY, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAXMAN, HELEN 4159 OAK TERRACE DRIVE LAKE WORTH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ANEZ, MYRIAM 4111 OAK TERRACE DR. GREENACRES CITY, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REEVES, TAMMY 4145 OAK TERRACE DR GREEN ACRES, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, ROBERT 4137 OAK TERRACE DR. GREENACRES, FL 33463	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZIEGLER, HAZEN 4169 OAK TERR DR GREENACRES, FL 33463	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CHAITE, ARTHUR II 4867 OAK TERRACE DR. LAKE WORTH, FL 33463	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Treasurer 3/29/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #