

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

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90119 022 ****61.25

DOCUMENT # 752399	
1. Entity Name OAK COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business C/O ASSOCIATED PROP. 1928 LAKE WORTH RD. LAKE WORTH FL 33461 US	Mailing Address C/O ASSOCIATED PROP. 1928 LAKE WORTH RD. LAKE WORTH FL 33461 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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1st MOORE CR2E037 (10/05)

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 ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH FL 33461	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEYERSON, JACK 4105 OAK TERRACE DR GREENACRES CITY FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANEZ, MYRIAM 4111 OAK TERRACE DR. GREENACRES CITY, FL 33463 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANEZ, MYRIAM 4111 OAK TERRACE DR GREENACRES CITY FL 33463 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAZELTON, PATRICIA 4121 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	TD ZIEGLER, HAZEN 4169 OAK TERRACE DR. GREENACRES CITY, 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	D CARPENTER, ROBERT 4137 OAK TERRACE DR GREENACRES CITY 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 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: M. T. Anez Myriam T. Anez 3/2/2006 561-439-6496