2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #752399

OAK COURT OF OAK TERRACE CONDOMINIUM

ASSOCIATION, INC.



FILED Feb 26, 2007 8:00 am Secretary of State

02-26-2007 90079 038 ****61.25

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Principal Place of Business C/O ASSCIATED PROP. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US 2. Principal Place of Business - No P.O. Box # Mailing Address C/O ASSCIATED PROP. 1928 LAKE WORTH RD. LAKE WORTH, FL 33461 US											
Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			j 02132007					
City & State		City & S	City & State			50 0422040				oplied For	
Zip	Country	Country			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Curre	nt Registered Ag	ent			7. Name and	Address of New I	Registered A	gent		
ASSOCIATED PROPERTY MANAGEMENT 1928 LAKE WORTH RD. LAKE WORTH, FL 33461			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)							
				City				FL	Zip Cod	e	
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											
g			Election Campa Trust Fund Cor			\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
10.	OFFICERS AND	DIRECTORS		11.		DITIONS/CHA	NGES TO OFFICE	ERS AND DIR	ECTORS IN	l 10	
THTLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANEZ, MYRIAM 4111 OAK TERR DR GREENACRES CITY, FL 334	,	Delete Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAZE 4121 EZEC	LTON, P DAK TO WACKE	HTRICIA GRACE S CITY, F	DK. U 33	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VSD HAZELTON, PATRICIA 4121 OAK TERR DR GREENACRES CITY, FL 334	,	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REE	VES, TI	ANIARA TERRACE 3 CITY, 1	Δic.	onunge	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	TD ZIEGLER, HAZEN 4169 OAK TERR DR LAKE WORTH, FL 33463	``	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.0		RIAM FRANCE & ES CITY		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Defele	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
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TITLE NAME STREET ADDRESS CITY-SI-ZIP			□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR