

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 8:00 am**  
**Secretary of State**

04-10-2008 90025 009 \*\*\*\*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**

**40064170**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2132242**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 **Jay Steven Levine PA**  
Street Address (P.O. Box Number is Not Acceptable)  
**2500 North Military Trail**  
**Suite 283**  
City **Boca Raton** FL Zip Code **33431**

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 *Jay Steven Levine* President 2-4-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 ☐ Delete  
NAME **TD**  
STREET ADDRESS **ANEZ, MYRIAM**  
CITY-ST-ZIP **4111 OAK TERR DR  
GREENACRES CITY, FL 33463**

TITLE ☐ Change ☒ Addition  
NAME **VSD**  
STREET ADDRESS **VAUGHN, MARTHA**  
CITY-ST-ZIP **3531 AVE TREE CT. #C-1  
GREENACRES CITY, FL 33463**

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **HAZELTON, PATRICIA**  
CITY-ST-ZIP **4121 OAK TERR DR  
GREENACRES CITY, FL 33463**

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

TITLE ☒ Delete  
NAME **VSD**  
STREET ADDRESS **REEVES, TAMARA**  
CITY-ST-ZIP **4111 OAK TERRACE DR  
GREENACRES CITY, FL 33463**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 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: *Patricia A Hazelton*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08  
Date Daytime Phone #