2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90046 015 ****61.25

DOCUMENT # 752399

1. Entity 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 US

2. Principal Place of Business	3. Mailing Address
c/o Associated Prop.	c/o Associated Prop.
Suite, Apt. #, etc. 1928 Lake Worth Rd	Suite, Apt. #, etc. 1928 Lake Worth Rd
City & State Lake Worth, FL	City & State Lake Worth Rd
Zip 33461 Country	Zip 33461 Country

☐ CHECK HERE IF MAKING CHANGES

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 400 S. DIXIE HWY., STE. 10 LAKE WORTH FL 33460	Name: Associated Prop. Mgmt Street Address (P.O. Box Number is Not Acceptable): 1928 Lake Worth Rd City: Lake Worth FL Zip Code: 33461

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 _____ 3/10/03
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

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	VD Arthur Chaite, II 4167 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		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REEVES, TAMMY 4145 OAK TERRACE DR GREEN ACRES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ZIEGLER, HAZEN 4169 OAK TERR DR GREENACRES FL 33463	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARGAN, ROBERT 4137 OAK TERR DR GREEN ACRES FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ **REQUIRED** 3/06/03