


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-26-2007 90079 033 ****61.25

DOCUMENT # 753821

1. Entity Name
VILLAGE OF OAKWOOD LAKES, INC.



Principal Place of Business
9876 OAKWOOD LAKES DR
BOYNTON BEACH, FL 33436 US

Mailing Address
ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

40024942



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02062007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2259270

Applied For
 Not Applicable

City & State

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.
SUITE 10
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, 2007

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 **PD3** Delete
 NAME **ROSYNEK, FRANK**
 STREET ADDRESS **3812 LACE VINE LN**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **PD** Change Addition
 NAME **BILINSKI, THOMAS**
 STREET ADDRESS **3814 LACE VINE LN.**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **TD** Delete
 NAME **WATTS, CAROLINE**
 STREET ADDRESS **3817 LACE VINE LN**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **VD** Change Addition
 NAME **SCIANDRA, CHARLIE**
 STREET ADDRESS **72 COMMONWEALTH AVE.**
 CITY-ST-ZIP **BUFFALO, NY 14126**

TITLE **D** Delete
 NAME **WATTS, CAROLYN**
 STREET ADDRESS **3817 LACE VINE LANE**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D** Change Addition
 NAME **HAYLOCK, CAROL**
 STREET ADDRESS **3774 SILVERLACE LN.**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **SD** Delete
 NAME **MUFFOLETTO, ELAINE**
 STREET ADDRESS **151 BERNHARDT DR**
 CITY-ST-ZIP **AMHERST, NY 14226**

TITLE **D** Change Addition
 NAME **BRETON, CLAIRE**
 STREET ADDRESS **712 CHICK CROSSING RD.**
 CITY-ST-ZIP **WELLS, ME 04090**

TITLE **D** Delete
 NAME **TERRY, RAYMOND**
 STREET ADDRESS **3813 SILVERLACE LN**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **SD** Change Addition
 NAME **LOUIS STYCHASZ**
 STREET ADDRESS **3819 - LACE VINE LN.**
 CITY-ST-ZIP **B.B., FL. 33436**

TITLE **D** Delete
 NAME **MANTELL, HERBERT**
 STREET ADDRESS **3792 SILVERLACE LN**
 CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

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: Tom Bilinski Date: 2/12/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #