


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90338 020 \*\*\*\*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**

U 140009100



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

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

02202008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
**59-2259270**

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**

**ASSOCIATED PROPERTY MANAGEMENT**  
**1928 LAKE WORTH RD.**  
**SUITE 10**  
**LAKE WORTH, FL 33461**

**7. Name and Address of New Registered Agent**

Name  
**EDWARD DICKER ESQUIRE**

Street Address (P.O. Box Number is Not Acceptable)  
**1818 Australian Ave. South**

Suite 400

City  
**West Palm Beach FL** Zip Code  
**33409**

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 *Edward Dicker*

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILINSKI, THOMAS 3814 LACE VINE LN BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATTS, CAROLINE 3817 LACE VINE LN BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCIANDRA, CHARLIE 12 COMMONWEALTH AVE BUFFALO, NY 14126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYLOCK, CAROL 3774 SILVERLACE LN BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETON, CLAIRE 712 CHICK CROSSING RD WELLS, ME 04090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRYCHASZ, LOUIS 3819 LACE VINE LN BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAYLOCK, CAROL 3774 SILVERLACE LN. BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas Bilinski* **Tom BILINSKI** 3/3/08 561-738-5687

Signature and typed or printed name of signing officer or director Date Daytime Phone #