2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753821

FILED Mar 20, 2009 Secretary of State

Entity Name: VILLAGE OF OAKWOOD LAKES, INC.

Current Principal Place of Business: New Principal Place of Business:

9876 OAKWOOD LAKES DR BOYNTON BEACH, FL 33436 US

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-2259270 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DICKER, EDWARD ESQ 1818 AUSTRALIAN AVE S STE 400 WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete BILINSKI, THOMAS BILINSKI, THOMAS P Name: Name: 3814 LACE VINE LN Address: 3814 LACE VINE LN Address: City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: (X) Change () Addition SCIANDRA, CHARLIE Name: SCIANDRA, CHARLIE V Name: Address: 12 COMMONWEALTH AVE Address: 72 COMMONWEALTH AVE City-St-Zip: BUFFALO, NY 14126 City-St-Zip: BUFFALO, NY 14126

Title: () Delete Title: (X) Change () Addition BRETON, CLAIRE STRYCHASE, LOUIS T S Name: Name: 712 CHICK CROSSING RD 3819 LACE VINE LN Address: Address:

City-St-Zip: WELLS, ME 04090 City-St-Zip: BOYNTON BEACH, FL 33436

() Delete Title: SD Title: (X) Change () Addition STRYCHASZ, LOUIS Name: Name: HAYLOCK, CAROL T

3819 LACE VINE LN Address: Address: 3774 SILVERLACE LN City-St-Zip: BOYNTON BEACH, FL 33436 City-St-Zip: BOYNTON BEACH, FL 33436

Title: () Delete Title: () Change (X) Addition

BRETON, CLAIRE D Name: Name: 712 CHICK CROSSING RD Address: Address: City-St-Zip: City-St-Zip: WELLS, ME 04090

Title: () Delete Title: () Change (X) Addition

WAITS, CAROLYN D Name: Name: Address: Address: 3817 LACE VINE LN BOYNTON BEACH, FL 33436 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MATH, APM **AGT** 03/20/2009