2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90365 005 ****61.25

DOCUMENT # 758213

1. Entity Name
OAK CIRCLE CONDOMINIUM WAREHOUSE ASSOCIATION, INC.

40073972

Principal Place of Business	Mailing Address
~~4301 OAK CIRCLE DR.~~ UNIT 3 BOCA RATON, FL 33431	C/O MANAGEMENT SERVICES OF AMERICA 639 E. OCEAN AVE. SUITE 204 BOYNTON BEACH, FL 33435

02072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
7700 Congress Avenue	7700 Congress Avenue
Suite, Apt. #, etc.: Suite 1128	Suite, Apt. #, etc.: Suite 1128
City & State: Boca Raton	City & State: Boca Raton, FL
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. FEI Number 59-2151531 ☐ 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
FEKETE, DANIEL 4201 OAK CIRCLE DR. ~~SUITE 29~~ BOCA RATON, FL 33431 Management Services of America 7700 Congress Ave Ste 1128 Boca Raton, FL 33487	Name: Management Services of America Street Address (P.O. Box Number is Not Acceptable): 7700 Congress Avenue Suite 1128 City: Boca Raton FL Zip Code: 33487

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 _____ Alan Levin 4.26.06
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, 2006

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	P/D CASE, CLIFFORD 4201 OAK CIR. DR. #38 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D FEKETE, DANIEL 4201 OAK CIRCLE DR. #29 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BORS, SIDNEY 4201 OAK CIRCLE DR. #29 BOCA RATON, FL 33431	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WINANS, STUART 3820 N.E. 26TH AVE. LIGHTHOUSE POINT, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Arlene Winans 3820 NE 26th Ave Lighthouse Point, FL 33064	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Alan Levin 4.26.06 5619881888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #