

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90030 029 ****61.25

DOCUMENT # N02776 1. Entity Name OAKWOOD LAKES WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3814 LACE VINE LANE BOYNTON BEACH, FL 33424-4301			Mailing Address PO BOX 244031 BOYNTON BEACH, FL 33424-4301		
2. Principal Place of Business - No P.O. Box # 3743 SILVERLACE LANE Suite, Apt. #, etc.			3. Mailing Address 3743 SILVERLACE LANE Suite, Apt. #, etc.		
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL		4. FEI Number 59-2432024	
Zip 33436		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HADDAD, FAIZEH 3760 SILVERLACE LANE BOYNTON BEACH, FL 33436 				7. Name and Address of New Registered Agent 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 3-4-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD HADDAD, FAIZEH 3760 SILVERLACE LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TO RANCO, ROSEMARIE 3771 SILVERLACE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LLOYD, VICKI 3772 SILVERLACE LANE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STRYCHASZ, LOUIS 3819 LACE VINE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUSSELL, LUCILLE 3778 SILVERLACE LANE BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLOYD, VICKI 3772 SILVERLACE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCIANDRA, CALOGERO 3819 LACE VINE LN BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRETON, CLAIRE 3779 SILVERLACE LANE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARREN, ROBERT 3811 SILVERLACE LANE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		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"/> Delete	<input type="checkbox"/> Delete		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: 3-4-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40040346



03042008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

FL Zip Code

DATE

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