

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4469 (5)

1. Corporation Name

OAKWOOD ON THE GREEN ASSOCIATION, INC.

Principal Place of Business

**3200 UNIVERSITY DR.
SUITE 210
CORAL SPRINGS FL 33065
US**

Mailing Address

**PO BOX 8726
CORAL SPRINGS FL 33075-8726
US**



3. Date Incorporated or Qualified

07/31/1984

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUBERMAN, MARSHA
9849 RIVERSIDE DRIVE
CORAL SPRINGS FL 33071**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE
NAME **CARLISLE, SYLVIA**
STREET ADDRESS **9793 RIVERSIDE DR.**
CITY-STATE-ZIP **CORAL SPRGS FL**

TITLE **PD** ☐ DELETE
NAME **GREENBERG, MARK**
STREET ADDRESS **RIVERSIDE DRIVE**
CITY-STATE-ZIP **CORAL SPRINGS FL**

TITLE **D** ☐ DELETE
NAME **ORANGE, KAREN**
STREET ADDRESS **9827 RIVERSIDE DR.**
CITY-STATE-ZIP **CORAL SPGS. FL**

TITLE **VD** ☒ DELETE
NAME **MAGOLNICK, BARBARA**
STREET ADDRESS **9841 RIVERSIDE DRIVE**
CITY-STATE-ZIP **CORAL SPRINGS FL**

TITLE **TD** ☐ DELETE
NAME **HUBERMAN, MARSHA**
STREET ADDRESS **9849 RIVERSIDE DRIVE**
CITY-STATE-ZIP **CORAL SPRINGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

**MAGOLNICK, AL
9841 RIVERSIDE DRIVE
CORAL SPRINGS, FL**

**MATTEI, ADRIANA
RIVERSIDE DRWG
CORAL SPRINGS FL.**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)