

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04469

FILED
Apr 29, 2005
Secretary of State

Entity Name: OAKWOOD ON THE GREEN ASSOCIATION, INC.

Current Principal Place of Business:

953 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33071 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8726
CORAL SPRINGS, FL 330758726 US

New Mailing Address:

FEI Number: 59-2684289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: VD () Delete
Name: LICATA, VINCENTE
Address: 9779 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: SD () Delete
Name: NORMAN, BARBARA
Address: 9781 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: HERMAN, LISA
Address: 9839 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: TD () Delete
Name: HUBERMAN, MARSHA,
Address: 9849 RIVERSIDE DRIVE
City-St-Zip: CORAL SPRINGS, FL

Title: PD () Delete
Name: WHITE, LORRAINE
Address: 9817 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HERMAN, LISA
Address: 9839 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: NORMAN, MR
Address: 9781 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORRAINE WHITE

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date