


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90165 047 \*\*\*\*61.25

<b>DOCUMENT # N04469</b> 1. Entity Name <b>OAKWOOD ON THE GREEN ASSOCIATION, INC.</b>					
Principal Place of Business <b>953 UNIVERSITY DRIVE</b> <b>CORAL SPRINGS, FL 33071 US</b>			Mailing Address <b>PO BOX 8726</b> <b>CORAL SPRINGS, FL 33075 8726 US</b>		
2. Principal Place of Business <i>40 Benchmark Property mgmt</i> Suite, Apt. #, etc. <b>7932 Wiles Road</b> City & State <b>CORAL SPRINGS, FL</b> Zip <b>33067</b> Country <b>BRAWARD</b>		3. Mailing Address <i>40 Benchmark Property mgmt</i> Suite, Apt. #, etc. <b>7932 Wiles Road</b> City & State <b>CORAL SPRINGS FL</b> Zip <b>33067</b> Country <b>BRAWARD</b>			
02232006 Chg-NP CR2E037 (11/05)		4. FEI Number <b>59-2684289</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required				6. Name and Address of Current Registered Agent <b>HUBERMAN, MARSHA</b> <b>9849 RIVERSIDE DRIVE</b> <b>CORAL SPRINGS, FL 33071</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LICATA, VINCENTE 9779 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Nancy Ranieri 9827 Riverside Drive Coral Springs, FL 33071	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NORMAN, BARBARA 9781 RIVERSIDE DRIVE CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Norman 9781 Riverside Drive Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HERMAN, LISA 9839 RIVERSIDE DR CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Lisa Herman 9839 Riverside Drive Coral Springs, FL 33071	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBERMAN, MARSHA 9849 RIVERSIDE DRIVE CORAL SPRINGS, FL	<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	PD WHITE, LORRAINE 9817 RIVERSIDE DR CORAL SPRGS, FL	<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	D NORMAN, MR 9781 RIVERSIDE DR CORAL SPRINGS, FL 33071	<input checked="" 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 another like empowered.					
SIGNATURE: <i>Mark J. Heas</i> <span style="float: right;">2/23/06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					