

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 08:00 AM
Secretary of State
RECEIVED

DOCUMENT # N05000007683

1. Entity Name

**GREAT OAKS ESTATES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**390-2 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**

Mailing Address

**390-2 BUSINESS PARKWAY
ROYAL PALM BEACH FL 33411**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-4766884

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

**MOTILALL, MAKESHWAR F
19181 GREEN GROVE CT.
LOXAHATCHEE FL 33470**

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By: May 1, 2008**

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

TITLE ☐ Delete
NAME **MOTILALL, MAKESHWAR F**
STREET ADDRESS **19181 GREEN GROVE CT.**
CITY- ST- ZIP **LOXAHATCHEE FL 33470**

TITLE ☐ Delete
NAME **MOTILALL, RISHIKESH R**
STREET ADDRESS **10471 BARNES AVE.**
CITY- ST- ZIP **INVER GROVE HEIGHTS MN 55077**

TITLE ☐ Delete
NAME **D'ANGIO, ROBERT A JR.**
STREET ADDRESS **685 ROYAL PALM BEACH BLVD. SUITE 205**
CITY- ST- ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP
**1000000911176
05/07/08-80029-020 61.25**

TITLE ☐ Change ☐ Addition
NAME
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CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

MAKESHWAR FJP MOTILALL 7 Feb 08 296-4203