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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N25332** **(0)**

1. Corporation Name

GARDEN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4100 LAZY HAMMOCKS RD PALM BEACH GARDENS FL 33410 US	4100 LAZY HAMMOCKS RD PALM BCH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 03/10/1988

4. FEI Number: 65-0034881 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (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

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GELFAND, MICHAEL J
ONE CLEARLAKE CENTRE, SUITE 1010
250 SOUTH AUSTRALIAN AVENUE
WEST PALM BEACH FL 33401-5012

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRUFFIA, JOHN		1.2 NAME	TRUFFA, JOHN	
STREET ADDRESS	4244 ROYAK OAKS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDEN FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOE, LESTER		2.2 NAME	TAYLOR, LESTER	
STREET ADDRESS	4252 ROYAL OAKS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	1ST VICE PRES.	☒ Change ☐ Addition
NAME	MACCURDY, JR		3.2 NAME	TERENCE BRADY	
STREET ADDRESS	4136 OLD OAKS DR		3.3 STREET ADDRESS	4409 LACEY OAK DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL		3.4 CITY-ST-ZIP	PALM BEACH GARENS FL 33410	
TITLE	VD	☒ DELETE	4.1 TITLE	2ND VICE PRES.	☒ Change ☐ Addition
NAME	GRIES, LINDA		4.2 NAME	NORMAN SPIEGEL	
STREET ADDRESS	8593 DOVERBROOK RD		4.3 STREET ADDRESS	8464 BEACONHILL ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL		4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	TD	☒ DELETE	5.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	RADLI, ROBERT		5.2 NAME	E. DARREL EVANS	
STREET ADDRESS	8587 WAKEFIELD DR		5.3 STREET ADDRESS	4136 OLD OAK DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL		5.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or 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 REQUIRED JAN 14, 1998 (561) 622-9926