

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38183

FILED  
Mar 25, 2009  
Secretary of State

**Entity Name:** THE OAKS PROPERTY OWNERS ASSOCIATON, INC.

**Current Principal Place of Business:**

1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461 US

**New Principal Place of Business:**

**Current Mailing Address:**

1928 LAKE WORTH RD.  
LAKE WORTH, FL 33461 US

**New Mailing Address:**

**FEI Number:** 65-0194764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PODESTZ, CAN A P.A.  
11382 PROSPERITY FARMS RD. #228  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

PODESTA, CARI, P.A.  
11382 PROSPERITY FARMS RD. #227  
PALM BEACH GARDENS, FL 33410 US

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: CARI PODESTA, ESQ

03/25/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENTLEY, LILHAN  
Address: 121 LOSE BRIDGE DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VD ( ) Delete  
Name: COLECCHIO, RAY  
Address: 4302 WATER OAK CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: STD ( ) Delete  
Name: MANNARINO, GEORGE  
Address: 104 WINTER CLUB CT  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: BENTLEY, LILLIAN P  
Address: 121 LOST BRIDGE DR.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: V (X) Change ( ) Addition  
Name: FRASER, MARTIN V  
Address: 2404 PIN OAK CT.  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: ST (X) Change ( ) Addition  
Name: EMEIGH, JOE ST  
Address: 114 LOST BRIDGE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOHN MATH, APM

AGT

03/25/2009

Electronic Signature of Signing Officer or Director

Date