

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N38184 (0)**

1. Corporation Name

**OAKS EAST HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**900 EAST INDIANTOWN RD  
SUITE 210  
JUPITER FL 33477  
US**

**900 EAST INDIANTOWN RD  
SUITE 210  
JUPITER FL 33477  
US**

3. Date Incorporated or Qualified  
**05/17/1990**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**65-0194768**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL, THERESA  
900 EAST INDIANTOWN RD STE 210  
JUPITER FL 33477**

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

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

(NOTE: Registered Agent's signature required when running for re-election)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☐ DELETE

**PD  
STEPHENSON, WILLIAM  
146 EAST TALL OAKS CIRCLE  
PALM BEACH GARDENS FL**

TITLE NAME ☐ DELETE

**VD  
HARALSON, DAVID  
299 KELSEY PARK DRIVE  
PBG FL**

TITLE NAME ☒ DELETE

**STD  
LEJEUNE, JAMES  
174 EAST TALL OAKS CIR  
PBG FL**

TITLE NAME ☒ DELETE

**TD  
KEOUGH, JOHN  
260 KELSEY PARK CIR  
PBG FL**

TITLE NAME ☐ DELETE

**VD  
PLOTSKY, NORMAN  
380 KELSEY PARK DR  
PBG FL**

TITLE NAME ☐ DELETE

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

**VD  
Stephenson, William  
146 E. Tall Oaks Circle  
Palm Beach Gardens, FL 33410**

2.1 TITLE ☒ Change ☐ Addition

**PD  
Haralson, David  
299 Kelsey Park Dr.  
PBG, FL 33410**

3.1 TITLE ☐ Change ☒ Addition

**SD  
Wilson, Jack  
404 Kelsey Park Dr.  
PBG, FL 33410**

4.1 TITLE ☐ Change ☒ Addition

**VD  
Dicicco, Henry  
286 Kelsey Park Cir.  
PBG, FL 33410**

5.1 TITLE ☒ Change ☐ Addition

**TD  
Plotsky, Norman  
380 Kelsey Park Dr  
PBG, FL 33410**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David E. Harrison**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/8/96 (407) 747-2355**  
Date Daytime Phone #

CR2E037 (12/95)