

FILE NOW: FILING FEE IS \$61.25

AMENDED

FILED

May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N 38184

1. Corporation Name

OAKS EAST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Associated Property Mgt. Associated Property Mgt.  
400 So. Dixie Hwy., #10 400 So. Dixie Hwy., #10  
Lake Worth, FL 33460 Lake Worth, FL 33460

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Assoc. Prop. Mgt.

26 Assoc. Prop. Mgt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 400 So. Dixie Hwy. #10

27 400 So. Dixie Hwy. #10

City &amp; State

City &amp; State

23 Lake Worth, FL

28 Lake Worth, FL

Zip

Country

Zip

Country

24 33460

25 USA

29 33460

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Bell Camp Financial Systems  
Teresa Campbell  
P.O. Box 4486  
Tequesta, FL 33469

81 Name

Associated Property Management

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

400 South Dixie Hwy., #10

83

84 City

Lake Worth

FL

85 Zip Code  
33460

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME P.D.  
STREET ADDRESS David Haralson  
CITY - ST - ZIP 299 Kelsey Park Circle  
P.B.G., FL 33410TITLE ☐ DELETE  
NAME V. P.D.  
STREET ADDRESS Jack Wilson  
CITY - ST - ZIP 404 Kelsey Park Drive  
P.B.G., FL 33410TITLE ☐ DELETE  
NAME S.D.  
STREET ADDRESS Harvey Stern  
CITY - ST - ZIP 162 East Tall Oaks Circle  
P.B.G., FL 33410TITLE ☐ DELETE  
NAME T.D.  
STREET ADDRESS Joe Wolf  
CITY - ST - ZIP 611 Road Court  
P.B.G., FL 33410TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/97

Date

561-775-5256

Daytime Phone #

CR2E037 (9/96)