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**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90004 049 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N38184**

1. Corporation Name

**OAKS EAST HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

ASSOC. PROP. MGT.  
400 SO. DIXIE HWY. #10  
LAKE WORTH FL 33460  
US

Mailing Address

ASSOC. PROP. MGT.  
400 SO. DIXIE HWY. #10  
LAKE WORTH FL 33460  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/17/1990

4. FEI Number

65-0194768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing ☐

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

9. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT**  
400 SOUTH DIXIE HWY. #10  
LAKE WORTH FL 33460

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DVP  
NAME DICICCO, HARRY  
STREET ADDRESS 286 KELSEY PARK CIRCLE  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE PD  
NAME WILSON, JACK  
STREET ADDRESS 404 KELSEY PARK DRIVE  
CITY-ST-ZIP P.B.G. FL 33410

TITLE SD  
NAME STERN, HARVEY  
STREET ADDRESS 162 EAST TALL OAKS CIRCLE  
CITY-ST-ZIP P.B.G. FL 33410

TITLE ~~TD~~  
NAME ~~WOLF, JOE~~  
STREET ADDRESS ~~611 ROSS COURT~~  
CITY-ST-ZIP ~~P.B.G. FL 33410~~

TITLE D  
NAME MARTON, AUDREY  
STREET ADDRESS 119 LOST BRIDGE DR  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE TD  
1.2 NAME Adrian Salee  
1.3 STREET ADDRESS 378 Kelsey Park Drive  
1.4 CITY-ST-ZIP Palm Beach Gardens, FL 33410

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Adrian Salee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)