

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38184

1. Entity Name

OAKS EAST HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90097 042 ****61.25

Principal Place of Business

Mailing Address

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

ASSOC. PROP. MGT.
400 SO. DIXIE HWY. #10
LAKE WORTH FL 33460-4455
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0194768

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME TD
STREET ADDRESS Keith Duke
CITY-ST-ZIP 189 E. TALL OAKS Circle
P.B.G. FL. 33410

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

TITLE ☐ Change ☐ Addition
NAME D
STREET ADDRESS Thomas Reed
CITY-ST-ZIP 382 Kelsey Park Drive
P.B.G. FL

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME VD
STREET ADDRESS SALEE, ADRIAN
CITY-ST-ZIP 378 KELSEY PARK DRIVE
P.B.G. FL 33410

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Signature Required KEITH A. DUKE 2-28-00 626-4360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #