

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90017 047 \*\*\*\*61.25

**DOCUMENT # N38184**

1. Entity Name

**OAKS EAST HOMEOWNERS ASSOCIATION, INC.**

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  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0194768**

Applied For

Not Applicable

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 **TD** ☐ Delete  
 NAME **DUKE, KEITH**  
 STREET ADDRESS **189 E TALL OAK CIRCLE**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **SD** ☐ Change ☒ Addition  
 NAME **Gould, Joan**  
 STREET ADDRESS **278 Kelsey Park Circle**  
 CITY-ST-ZIP **P.B.G., FL 33410**

TITLE **D** ☐ Delete  
 NAME **REED, THOMAS**  
 STREET ADDRESS **382 KELSEY PARK DRIVE**  
 CITY-ST-ZIP **P.B.G. FL 33410**

TITLE **VD** ☒ Change ☐ Addition  
 NAME **REED, Thomas**  
 STREET ADDRESS **382 Kelsey Park Drive**  
 CITY-ST-ZIP **P.B.G., FL 33410**

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

TITLE **TD** ☐ Change ☒ Addition  
 NAME **LAKE, DON**  
 STREET ADDRESS **330 Kelsey Park Drive**  
 CITY-ST-ZIP **P.B.G., FL 33410**

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

TITLE **PD** ☒ Change ☐ Addition  
 NAME **SALEE, ADRIAN**  
 STREET ADDRESS **378 Kelsey Park Drive**  
 CITY-ST-ZIP **P.B.G., FL 33410**

TITLE **D** ☒ Delete  
 NAME **MASSON, MYRA**  
 STREET ADDRESS **197 EAST TALL OAKS CIR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Stern, Norma**  
 STREET ADDRESS **162 East Tall Oaks Circle**  
 CITY-ST-ZIP **P.B.G., FL 33410**

TITLE **D** ☐ Delete  
 NAME **ROBINSON, DAVID**  
 STREET ADDRESS **228 KELSEY PARK DR**  
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

TITLE **D** ☒ Change ☐ Addition  
 NAME **Duke, Keith**  
 STREET ADDRESS **189 E. Tall Oak Circle**  
 CITY-ST-ZIP **P.B.G., FL 33410**

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

Date

Daytime Phone #

CR2E037 (9/01)