

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90059 025 ****61.25

DOCUMENT # N38184

1. Entity Name

OAKS EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

ASSOC. PROP. MGT.
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US

Mailing Address

ASSOC. PROP. MGT.
1928 LAKE WORTH RD
LAKE WORTH FL 33461
US

94033926



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD
LAKE WORTH FL 33461

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REED, TOM	
STREET ADDRESS	382 KELSEY PARK DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SALEE, ADRIAN M	
STREET ADDRESS	378 KELSEY PARK DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GOULD, JOAN	
STREET ADDRESS	278 KELSEY PARK CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LAHR, DON	
STREET ADDRESS	330 KELSEY PARK DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STERN, NORMA	
STREET ADDRESS	162 EAST TALL OAKS CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, DAVID	
STREET ADDRESS	330 KELSEY PARK DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHR, DON	
STREET ADDRESS	330 KELSEY PARK CIRCLE	
CITY-ST-ZIP	P.O. GARDENS, FL 33410	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, JOAN	
STREET ADDRESS	278 KELSEY PARK CIRCLE	
CITY-ST-ZIP	P.O. GARDENS, FL 33410	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTON, ANDREY	
STREET ADDRESS	104 LOST BRIDGE DR.	
CITY-ST-ZIP	P.O. GARDENS, FL 33410	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMEIGH, JOSEPH	
STREET ADDRESS	114 LOST BRIDGE DR.	
CITY-ST-ZIP	P.O. GARDENS, FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, DAVID	
STREET ADDRESS	328 KELSEY PARK CIRCLE	
CITY-ST-ZIP	P.O. GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JOSEPH R. EMEIGH *Joseph R. Emeigh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-12-04

Date

(561) 691-0195

Daytime Phone #