

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90054 020 \*\*\*\*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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02242005 Chg-NP CR2E037 (10/03)

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

Filing Fee is \$61.25  
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EMEIGH, JOSEPH	
STREET ADDRESS	114 LOST BRIDGE DR.	
CITY-ST-ZIP	P.B. GARDENS, FL 33410	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOAN LEV	
STREET ADDRESS	325 KELSEY PARK CIRCLE	
CITY-ST-ZIP	P.B. GARDENS, FL 33410	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICICCO, HARRY A.	
STREET ADDRESS	286 KELSEY PARK CIRCLE	
CITY-ST-ZIP	P.B. GARDENS, FL 33410	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTON, AUDREY	
STREET ADDRESS	104 LOST BRIDGE DR.	
CITY-ST-ZIP	P.B. GARDENS, FL 33410	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PLOTSKY, NORMAN	
STREET ADDRESS	350 KELSEY PARK DR.	
CITY-ST-ZIP	P.B. GARDENS, FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAHR, DON O.	
STREET ADDRESS	330 KELSEY PARK CIRCLE	
CITY-ST-ZIP	P.B. GARDENS, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joseph S. Emeigh* President 3/12/05 (561) 624-0076