

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90046 050 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202008 Chg-NP CR2E037 (12/06)

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
1928 LAKE WORTH RD
LAKE WORTH, FL 33461**

Name **Cari A. Vodesta, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
11382 Prosperity Farms Rd #228

City **Palm Beach Gardens FL** Zip Code **33410**

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 **Cari A. Vodesta, P.A.** **4/8/08**
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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **LAHR, DON**
STREET ADDRESS **330 KELSEY PARK CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **PD** ☐ Change ☒ Addition
NAME **LILLIAN M. BENTLEY**
STREET ADDRESS **181 LOST BRIDGE DR**
CITY-ST-ZIP **PBG, FL 33410**

TITLE **SD** ☒ Delete
NAME **TENNYSON, ARTHUR**
STREET ADDRESS **516 E. TALL OAKS DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **VD** ☐ Change ☒ Addition
NAME **ADRIAN SALEE**
STREET ADDRESS **378 KELSEY PARK CIRCLE**
CITY-ST-ZIP **PBG, FL 33410**

TITLE **D** ☒ Delete
NAME **COOK, GEORGE**
STREET ADDRESS **117 LOST BRIDGE DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **SD** ☐ Change ☒ Addition
NAME **DAVID ROBINSON**
STREET ADDRESS **328 KELSEY PARK DR**
CITY-ST-ZIP **PBG, FL 33410**

TITLE **PD** ☒ Delete
NAME **EMEIGH, JOSEPH**
STREET ADDRESS **114 LOST BRIDGE DR.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **ASD** ☐ Change ☒ Addition
NAME **GEORGE HEKNER**
STREET ADDRESS **269 KELSEY PARK CIRCLE**
CITY-ST-ZIP **PBG, FL 33410**

TITLE **TD** ☒ Delete
NAME **PLOTSKY, NORMAN**
STREET ADDRESS **380 KELSEY PARK DR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **TD** ☒ Change ☐ Addition
NAME **ART TENNYSON**
STREET ADDRESS **516 E. TALL OAKS DR**
CITY-ST-ZIP **PBG, FL 33410**

TITLE **VD** ☒ Delete
NAME **DICICCO, HARRY A**
STREET ADDRESS **286 KELSEY PARK CIR**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **AD** ☒ Change ☐ Addition
NAME **JOSEPH EMEIGH**
STREET ADDRESS **114 LOST BRIDGE DR**
CITY-ST-ZIP **PBG, FL 33410**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **LILLIAN M. BENTLEY** **Lillian M. Bentley** **4/10/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #