

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90072 008 ****61.25

DOCUMENT # N38184

1. Entity Name

OAKS EAST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

clp Associated Prop.

Suite, Apt. #, etc.
1928 Lake Worth Rd

City & State
Lake Worth, FL

Zip
33461

3. Mailing Address

clp Associated Prop.

Suite, Apt. #, etc.
1928 Lake Worth Rd

City & State
Lake Worth FL

Zip
33461



☐ CHECK HERE IF MAKING CHANGES

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
400 SOUTH DIXIE HWY. #10
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent

Name **Associated Prop Mgmt**

Street Address (P.O. Box Number is Not Acceptable)
1928 Lake Worth Rd

City **Lake Worth**

FL

Zip Code
33461

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

3/25/03

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE **D** ☐ Delete
NAME **STERN, NORMA**
STREET ADDRESS **162 EAST TALL OAKS CIRCLE**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33410**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Tom Reed**
STREET ADDRESS **382 Kelsey Park Dr.**
CITY-ST-ZIP **P.B. Gardens, FL 33410**

TITLE **VD** ☒ Change ☐ Addition
NAME **Adrian M. Salee**
STREET ADDRESS **378 Kelsey Park Drive**
CITY-ST-ZIP **P.B. Gardens, FL 33410**

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

TITLE **SD** ☐ Change ☐ Addition
NAME **David Robinson**
STREET ADDRESS **378 Kelsey Park Circle**
CITY-ST-ZIP **P.B. Gardens, FL 33410**

TITLE **TD** ☒ Change ☐ Addition
NAME **Don Lahr**
STREET ADDRESS **330 Kelsey Park Dr.**
CITY-ST-ZIP **P.B. Gardens, FL 33410**

TITLE **TD** ☒ Change ☐ Addition
NAME **Keith Duke**
STREET ADDRESS **189 East Tall Oaks 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, or mail other like empowered.

SIGNATURE

SIGNATURE REQUIRED

CR2E037 (10/02)