

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38184

Entity Name: OAKS EAST HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**SEACREST SERVICES INC
2400 CENTREPARK WEST DRIVE SUITE 175
WEST PALM BEACH, FL 33409**Current Mailing Address:**SEACREST SERVICES INC
2400 CENTREPARK WEST DRIVE SUITE 175
WEST PALM BEACH, FL 33409 US**FEI Number:** 65-0194768**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WASSERSTEIN, P.A.
301 YAMATO ROAD
2199
BOCA RATON, FL 33431 US*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:** DANIEL WASSERSTEIN

03/29/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	BALDWIN, LORI
Address	211 EAST TALL OAKS CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	VP
Name	CATARASO, TOM
Address	526 EAST TALL OAKS CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	PRESIDENT
Name	BILES, JOHN
Address	243 EAST TALL OAKS CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	NORTON, BILL
Address	508 EAST TALL OAKS CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	LENTRICHIA, SUSAN
Address	629 ROSIA COURT
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	DIRECTOR
Name	JONES, YVONNE
Address	129 LOST BRIDGE DR
City-State-Zip:	PALM BEACH GARDENS FL 33410

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BILES

PRESIDENT

03/29/2017

Electronic Signature of Signing Officer/Director Detail

Date