

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2005  
Secretary of State**

DOCUMENT# N01000003299

Entity Name: O.A.K. CLUB, INC.

**Current Principal Place of Business:**

900 BRANDYWINE RD  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

900 BRANDYWINE RD  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

FEI Number: 02-0582856      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BROOME, WILLIAM R  
1818 AUSTRALIAN AVE SOUTH  
WEST PALM BEACH, FL 33409      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: THOMPSON, CANDY L  
Address: 2320 TREASURE CLUB DRIVE #71  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: D      ( ) Delete  
Name: STONE, SALLY  
Address: 2886 CARAMBOLA RD  
City-St-Zip: WEST PALM BEACH, FL 33406

Title: D      ( ) Delete  
Name: HUGHES, KATHLEEN  
Address: 2320 TREASURE ISLE DR #83  
City-St-Zip: PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CANDY THOMPSON

DIR

04/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date