

**ANNUAL REPORT (AR)**

**DOCUMENT # 367193**

1. Entity Name  
**OLD BRIDGE PARK CORPORATION**



**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**6605 SW 109TH STREET  
MIAMI FL 33156**

Mailing Address  
**P.O. BOX 2547  
FT MYERS FL 33902  
US**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1353499</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SUNSTROM, WILLIAM 2548 BLAIRSTONE PINES DR. TALLAHASSEE FL 32303</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing **\$5.00** May Be  
Trust Fund Contribution  Added to Fees

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<b>C</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHENKMAN, JACK</b>			NAME			
STREET ADDRESS	<b>6605 SW 109 ST.</b>			STREET ADDRESS			
CITY- ST- ZIP	<b>MIAMI FL</b>			CITY- ST- ZIP	<b>U00000687173</b>		
					<b>04/10/07-80030-004 150.00</b>		
TITLE	<b>ST</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHENKMAN, MIRIAM</b>			NAME			
STREET ADDRESS	<b>6605 SW 109TH STREET</b>			STREET ADDRESS			
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>			CITY- ST- ZIP			
TITLE	<b>DVP</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHENKMAN, MICHAEL</b>			NAME			
STREET ADDRESS	<b>6605 SW 109TH STREET</b>			STREET ADDRESS			
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>			CITY- ST- ZIP			
TITLE	<b>P</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SCHENKMAN, JOEL</b>			NAME			
STREET ADDRESS	<b>6605 SW 109 ST</b>			STREET ADDRESS			
CITY- ST- ZIP	<b>MIAMI FL</b>			CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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:** **3-28-07** **239-543-1005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #