


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729565 (2)
 1. Corporation Name
OAK PARK TERRACE, INC.

Principal Place of Business 400 18TH STREET VERO BEACH FL 32960	Mailing Address 400 18TH STREET VERO BEACH FL 32960
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3. Date Incorporated or Qualified
05/06/1974

4. FEI Number 59-1652725	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**WILLARD, GLENN
 400 18TH ST, VILLA 1
 VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Glenn Willard* DATE: 4-15-98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLARD, GLENN	1.2 NAME	
STREET ADDRESS	400 18TH ST VILLA 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	vp <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEER, DOLORES	2.2 NAME	Jean Williamson
STREET ADDRESS	400 18TH ST., VILLA #2	2.3 STREET ADDRESS	400 18th Pl. K4
CITY-ST-ZIP	VERO BCH, FL 00000	2.4 CITY-ST-ZIP	VERO BEACH, Fla. 32960
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEER, DOLORES	3.2 NAME	
STREET ADDRESS	400 18TH ST., A-6	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANSON, SUSAN	4.2 NAME	
STREET ADDRESS	400 18TH ST., I-8	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSITORE, FRANK	5.2 NAME	Margaret Menzies
STREET ADDRESS	400 18TH ST., E-6	5.3 STREET ADDRESS	400 18th Pl. H5
CITY-ST-ZIP	VERO BCH, FL 00000	5.4 CITY-ST-ZIP	VERO BEACH, Fla. 32960
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORROW, NORMAN	6.2 NAME	Donald Vaughn
STREET ADDRESS	400 18TH ST., G-7	6.3 STREET ADDRESS	400 18th St., c4
CITY-ST-ZIP	VERO BCH, FL 00000	6.4 CITY-ST-ZIP	VERO BEACH Fla. 32960

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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Glenn Willard* DATE: 4-15-98

Signature and typed or printed name of signing officer or director

CR2E037 (10/97)