

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90099 050 ****61.25

0021070

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 729565

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

05/06/1974

4. FEI Number

59-1652725

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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 Carl Heagey
 82 Street Address (P.O. Box Number is Not Acceptable) 400 18th St. L7,
 83 Vero Beach, Fl. 32960
 84 City FL 85 Zip Code

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 *Carl Heagey*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-12-99

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILLARD, GLENN	
STREET ADDRESS	400 18TH ST VILLA 1	
CITY-ST-ZIP	VERO BCH, FL 00000 32960	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, JEAN	
STREET ADDRESS	400 18TH PLACE K4 ST - P4	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GEER, DOLORES	
STREET ADDRESS	400 18TH ST., AF K4	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANSON, SUSAN	
STREET ADDRESS	400 18TH ST., AB	
CITY-ST-ZIP	VERO BCH, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENZIES, MARGARET	
STREET ADDRESS	400 18TH BK H5 St	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAUGHN, DONALD	
STREET ADDRESS	400 18TH PL C4 St	
CITY-ST-ZIP	VERO BEACH FL 32960	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Carl Heagey	
1.3 STREET ADDRESS	400 18th St.,	
1.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Susan Sleaford	
2.3 STREET ADDRESS	400 18th St. 03	
2.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jean Williamson	
3.3 STREET ADDRESS	400 18th St. P4	
3.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Gisella Peirce,	
4.3 STREET ADDRESS	400 18th St. 02	
4.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Janet Shackleton	
5.3 STREET ADDRESS	400 18th St. L4	
5.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Donald Vaughn	
6.3 STREET ADDRESS	400 18th St. C4	
6.4 CITY-ST-ZIP	Vero Beach, Fl. 32960	

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, with all other like empowered.

SIGNATURE: *Dolores Geer*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Williamson 4/12/99
 1/6/99 561-569 6155
 Date Daytime Phone #

CR2E037 (1/98)