

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90074 025 ****61.25

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03312005 Chg-NP CR2E037 (10/03)

DOCUMENT # 729565					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-1652725				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SNIFFIN, SUSANNE 400 18TH ST. J-3 VERO BEACH, FL 32960			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Susanne Sniffin</i> SUSANNE SNIFFIN		DATE 3/31/05		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	SNIFFIN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIFFEN, SUSANNE		NAME		
STREET ADDRESS	400 18TH ST., J-3		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, SANDRA		NAME	FREDERICKS, TERRI	
STREET ADDRESS	400 18TH S.T., K-8		STREET ADDRESS	400 18ST D4	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, JEAN		NAME		
STREET ADDRESS	400 18TH ST., P4		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEIRCE, GISELLA		NAME	RATTI, JAMIE	
STREET ADDRESS	400 18TH ST., 02		STREET ADDRESS	400 18ST M-4	
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANAGAN, RICHARD		NAME	CONNELL, HELEN	
STREET ADDRESS	400 18TH ST. APT. F-6		STREET ADDRESS	400 18ST B6	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLIGAN, JOSPEH		NAME	RATTI, FRANK	
STREET ADDRESS	400 18TH ST., E-4		STREET ADDRESS	400 18ST M-2	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH FL 32960	
12. 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 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 617, 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: <i>Susanne Sniffin</i> SUSANNE SNIFFIN		DATE 3/31/05		Daytime Phone # 567-3256	