
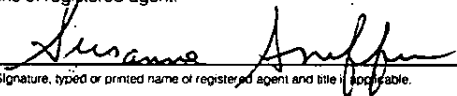
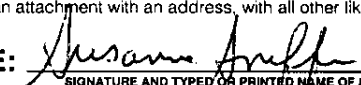


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 016 ****61.25

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 400-18th ST.,		3. Mailing Address 400-18th ST.,			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A			
City & State Vero Beach		City & State Vero Beach		4. FEI Number 59-1652725	
Zip 32960		Country Indian River		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32960		Country Indian River		Applied For <input type="checkbox"/> Not Applicable	
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 		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SNIFFIN, 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	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREDERICKS, TERRI		NAME	John Cady	
STREET ADDRESS	400 18ST D4		STREET ADDRESS	400-18th St., Apt. 0-5	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Vero Beach, FI 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATTI, JAMIE		NAME		
STREET ADDRESS	400 18 ST M-4		STREET ADDRESS		
CITY-ST-ZIP	VERO BCH, FL 32960		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONNELL, HELEN		NAME	Paul J. Maier	
STREET ADDRESS	400 18 ST B6		STREET ADDRESS	400-18th St., Apt. H-2	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	Vero Beach, FL 32960	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RATTI, FRANK		NAME		
STREET ADDRESS	400 18 ST M-2		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: 		SUSANNE SNIFFIN		Date: 4-24-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 772-3256	