
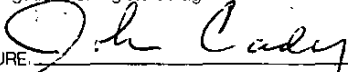


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

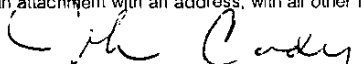
04-13-2007 90174 041 \*\*\*\*70.00

<b>DOCUMENT # 729565</b>					
1. Entity Name <b>OAK PARK TERRACE, INC.</b>					
Principal Place of Business <b>400 18TH STREET VERO BEACH FL 32960</b>			Mailing Address <b>400 18TH STREET VERO BEACH FL 32960</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1652725</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SNIFFIN, SUSANNE 400 18TH ST. J-3 VERO BEACH FL 32960</b>			7. Name and Address of New Registered Agent Name <b>Cady, John</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 18th Street</b> <b>0-5</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</b>		
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: 		<b>John Cady, President</b>		<b>04-03-2007</b>	
SIGNATURE: <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNIFFIN, SUSANNE</b>		NAME	<b>Cady, John</b>	
STREET ADDRESS	<b>400 18TH ST., J-3</b>		STREET ADDRESS	<b>400 18th Street 0-5</b>	
CITY- ST- ZIP	<b>VERO BEACH FL 32960</b>		CITY- ST- ZIP	<b>Vero Beach, FL 32960</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CADY, JOHN</b>		NAME	<b>Ratti, Frank</b>	
STREET ADDRESS	<b>400-18TH ST., APT O-5</b>		STREET ADDRESS	<b>400 18th Street M-2</b>	
CITY- ST- ZIP	<b>VERO BEACH FL 32960</b>		CITY- ST- ZIP	<b>Vero Beach, FL 32960</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMSON, JEAN</b>		NAME	<b>Hall, Barbara</b>	
STREET ADDRESS	<b>400 18TH ST., P4</b>		STREET ADDRESS	<b>400 18th Street F-5</b>	
CITY- ST- ZIP	<b>VERO BCH FL 32960</b>		CITY- ST- ZIP	<b>Vero Beach, FL 32960</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATTI, JAMIE</b>		NAME	<b>Malnoski, Susan</b>	
STREET ADDRESS	<b>400 18 ST M-4</b>		STREET ADDRESS	<b>400 18th Street N-4</b>	
CITY- ST- ZIP	<b>VERO BCH FL 32960</b>		CITY- ST- ZIP	<b>Vero Beach, FL 32960</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		Change <input type="checkbox"/> Addition
NAME	<b>MAIER, PAUL J</b>		NAME		
STREET ADDRESS	<b>400-18TH ST., APT H-2</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>VERO BEACH FL 32960</b>		CITY- ST- ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RATTI, FRANK</b>		NAME	<b>Williamson, Jean</b>	
STREET ADDRESS	<b>400 18 ST M-2</b>		STREET ADDRESS	<b>400 18th Street P-4</b>	
CITY- ST- ZIP	<b>VERO BEACH FL 32960</b>		CITY- ST- ZIP	<b>Vero Beach, FL 32960</b>	



1st MOORE CR2E037 (10/06)

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 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:  **John Cady, President** **04-03-2007**

ATTACHMENT 40059884  
# 72956

OAK PARK TERRACE  
400 18<sup>TH</sup> STREET  
VERO BEACH, FL 32960

April 3, 2007

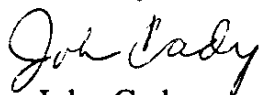
Florida Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

To: Division of Corporations

Enclosed you will find the 2007 Annual Report. We have seven (7) Directors, so please add the following Directors to our records.

D  
Peter Becker  
400 18 Street J-5  
Vero Beach, FL 32960

Thank you,



John Cady  
President