


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90019 045 ****61.25

DOCUMENT # 729825			
1. Entity Name OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1960 UNION ST UNIT 43 CLEARWATER, FL 33763		Mailing Address 1960 UNION ST UNIT 43 CLEARWATER, FL 33763	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address c/o Citadel Mgmt Suite, Apt. #, etc. 40347 US 19 N, Ste 229	
Suite, Apt. #, etc.		City & State Tarpon Springs, Florida	
City & State		4. FEI Number NOT APPLICABLE 59-1576268	
Zip		Country USA	
Country		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	
ARTHUR, JAMES B 1960 UNION ST #7 CLEARWATER, FL 33763		Name <u>Ranallo, Jim</u> Street Address (P.O. Box Number is Not Acceptable) <u>40347 US 19 N, Ste 229</u> City <u>Tarpon Springs</u> FL Zip Code <u>34689</u>	
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 <u>[Signature]</u> <u>ccam Jim Ranallo ccam</u>		DATE <u>3/5/07</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	DVP ARTHUR, JAMES 1960 UNION ST #7 CLEARWATER, FL 33763 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUCKEY, BEA 1960 Union St #11 Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, JEFFREY 1960 UNION ST #26 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILMORE, RANDY 1960 Union St #22 Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREER, MARCIA 1960 UNION ST #26 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASKINS, Pat 1960 Union St #19 Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURRY, NANCY 1960 UNION ST #5 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORBIN, BETH 1960 Union St #4 Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FAIRMAN, HAROLD 1960 UNION ST 328 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, DEBBIE 1960 Union St #9 Clearwater, FL 33763 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, STEVE 1960 UNION ST #6 CLEARWATER, FL 33763 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <u>Jim Ranallo</u>		DATE <u>3/5/07</u> Daytime Phone # <u>727-938-7730</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	