


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90026 043 ****61.25

DOCUMENT # 744824

1. Entity Name
OAK LAKE PARK II, INC., A CONDOMINIUM




Principal Place of Business
**1960 UNION STREET
 BOX 44
 CLEARWATER, FL 33763**

Mailing Address
**1960 UNION STREET
 BOX 44
 CLEARWATER, FL 33763**

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1884795 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERRY, MONICA M. MONICA M.
**1960 UNION ST.
 APT 28
 CLEARWATER, FL 33763**

7. Name and Address of New Registered Agent

Name **FERRY, MONICA M. SAMS**

Street Address (P.O. Box Number is Not Acceptable) **(SAME)**

City **(SAME)** **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, STEVEN M	NAME	
STREET ADDRESS	1960 UNION ST APT 28	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33763	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRY, MONICA M	NAME	
STREET ADDRESS	1960 UNION ST #28	STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER, FL 33763	CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDEN, ALLI	NAME	MUNSON, DAWN
STREET ADDRESS	1960 UNION ST #30	STREET ADDRESS	1960 UNION ST #30
CITY-ST-ZIP	CLEARWATER, FL 33763	CITY-ST-ZIP	CLEARWATER, FL 33763
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: **MONICA M FERRY MONICA M. FERRY** 1/24/2005 727-738-1592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #