

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744824

FILED
Jan 18, 2007
Secretary of State

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

Current Principal Place of Business:

1960 UNION STREET
BOX 44
CLEARWATER, FL 33763

New Principal Place of Business:

Current Mailing Address:

1960 UNION STREET
BOX 44
CLEARWATER, FL 33763

New Mailing Address:

FEI Number: 59-1884795 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGER, KEVIN
Address: 1960 UNION ST APT 27
City-St-Zip: CLEARWATER, FL 33763

Title: STD () Delete
Name: FERRY, MONICA M
Address: 1960 UNION ST #28
City-St-Zip: CLEARWATER, FL 33763

Title: VD () Delete
Name: ZHUTASJ, ARBEN
Address: 1960 UNION ST # 30
City-St-Zip: CLEARWATER, FL 33763

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: ZHUTAJ, ARBEN
Address: 1960 UNION ST # 30
City-St-Zip: CLEARWATER, FL 33763

Title: MD () Change (X) Addition
Name: BUTTWEILER, KENT
Address: 1960 UNION STREET # 31
City-St-Zip: CLEARWATER, FL 33763

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA FERRY

STD

01/18/2007

Electronic Signature of Signing Officer or Director

_____ Date