

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745906** (8)

1. Corporation Name

OAK PARK OF RIVER OAKS, INC.



Principal Place of Business

Mailing Address

**158 OLD TAMiami TRAIL
NAPLES FL 33942**

**158 OLD TAMiami TRAIL
NAPLES FL 33942**

3. Date Incorporated or Qualified

02/12/1979

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0105103

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NICHOLS, B. C.
3763 ENTERPRISE AVE
NAPLES FL 33962**

81 Name

Wade E. Malm

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

158 Old Tamiami Trail

83

84 City

Naples

FL

85 Zip Code

33942

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0603, Florida Statutes.

SIGNATURE

Wade E. Malm

Pres

5-3-96

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
**SD
MACAULAY, DELMAR
169 WESTWOOD
NAPLES FL**

TITLE ☐ DELETE

NAME
**P
LAURIAT, L. THORNTON
190 OLD TAMiami TRAIL
NAPLES FL**

TITLE ☐ DELETE

NAME
**VP
FAUST, ELLWOOD
174 OLD TAMiami TRAIL
NAPLES, FL 00000**

TITLE ☐ DELETE

NAME
**D
HAHN, VIRGINIA
155 WESTWOOD BLVD
NAPLES FL**

TITLE ☐ DELETE

NAME
**TD
MALM, WADE E.
158 OLD TAMiami TRAIL
NAPLES FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Wade E. Malm

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 941597-4012

CS 5/1/96

CR2E037 (12/95)