

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90004 015 \*\*\*\*61.25

**DOCUMENT # 745906**

1. Entity Name  
**OAK PARK OF RIVER OAKS, INC.**



Principal Place of Business

**155 WESTWOOD DR  
NAPLES, FL 34110 US**

Mailing Address

**155 WESTWOOD DR  
NAPLES, FL 34110 US**

**DO NOT WRITE IN THIS SPACE**



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number  
**65-0105103**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FAUST, ELLWOOD  
174 OLD TAMiami TRAIL  
NAPLES, FL 34110**

**DO NOT WRITE  
IN THIS SPACE**

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

*Ellwood L. Faust*

*1-14-2004*

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANCHINO, TOM
STREET ADDRESS	183 WESTWOOD DR.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	VPD
NAME	PFLOUNDER, TODD
STREET ADDRESS	199 WESTWOOD DR.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	TD
NAME	<del>POTTEBAUM, H.W.</del> Pottebaum, H.W.
STREET ADDRESS	155 WESTWOOD DR.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	SD
NAME	FAUST, ELLWOOD
STREET ADDRESS	174 OLD TAMiami TRAIL
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	D
NAME	MILLER, PRESTON
STREET ADDRESS	191 WESTWOOD DR.
CITY-ST-ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*H.W. Pottebaum*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*1/15/04*

Daytime Phone #

*239-261-7321*