


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2004 8:00 am
Secretary of State

05-03-2004 90824 001 ***300.00

DOCUMENT # N02000005277

1. Entity Name
OAK PARK ESTATES 1ST ADDITION HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
 108 EGLIN PKWY., SE
 FT. WALTON BEACH, FL 32548

Mailing Address
 108 EGLIN PKWY., SE
 FT. WALTON BEACH, FL 32548



2. Principal Place of Business
 924 Scenic Oak Lane
 Suite, Apt. #, etc.

3. Mailing Address
 924 Scenic Oak Lane
 Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State
 Ft. Walton Bch. Fl. Ft. Walton Bch. Fl.

4. FEI Number APPLIED FOR Applied For Not Applicable

Zip Country
 32547 USA 32547 USA

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

8. Name and Address of Current Registered Agent
 ROCKMAN, KEITH L
 108 EGLIN PKWY., SE
 FT. WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
 Name: Erica Flory
 Street Address (P.O. Box Number is Not Acceptable): 924 Scenic Oak Lane
 City: Ft. Walton Bch FL Zip Code: 32547

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: Erica M. Flory DATE: 5-1-04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2004

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

TITLE NAME	PD ROCKMAN, KEITH L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	108 EGLIN PKWY., SE	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE NAME	VD BUCK, JASON C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	108 EGLIN PKWY., SE	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE NAME	STD BUCK, BETTY F	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	108 EGLIN PKWY., SE	
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD Donna Barnett	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	924 Scenic Oak Lane	
CITY-ST-ZIP	Ft. Walton Bch. Fl. 32547	
TITLE NAME	VD Erica Flory	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	924 Scenic Oak Lane	
CITY-ST-ZIP	Ft. Walton Bch. Fl. 32547	
TITLE NAME	STD Sarah Tate	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	924 Scenic Oak Lane	
CITY-ST-ZIP	Ft. Walton Bch. Fl. 32547	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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: Erica Flory DATE: 5-1-04 850-271-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Issued EIN

Page 1 of 1

Attachment
66428827
#NO200000577



Internal Revenue Service

DEPARTMENT OF THE TREASURY

The
Digital
Daily

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

20-1232636

Today's Date is: June 11, 2004 GMT

You will receive a confirmation letter in U.S. mail within fifteen days.
The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)

[Fill Out Another Form SS-4](#)

[Click here to return to the Internet Employer Identification Number landing \(start\) page.](#)

Print Review IRS Form SS-4 EIN

Attachment
Attn: Erica Flory

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66428827
No 2000005277

Form SS-4 (Rev. December 2003) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribes, unions, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records.		EIN 20-1232936 OMB No. 1545-0003	
1* Legal name of entity (or individual) for whom the EIN is being requested Cat Park Homeowners Association Inc					
2 Trade name of business (if different from name on line 1)			3 Executor, trustee, care of name		
4a Mailing address (room, apt., suite no. and street, or P.O. box) 100 Echo Parkway SE			4a Street address (if different) (Do not enter a P.O. box)		
4b City, state, and ZIP code Fort White Beach FL 32544			5b City, state, and ZIP code		
5* County and state where principal business is located County Calhoun State FL					
7a Name of principal officer, general partner, grantor, owner, or trustee Walt Rogerson			7b SSN, ITIN, EIN 282-47-1748		
8a* Type of entity (check only one)					
<input type="checkbox"/> Sole Proprietor (SSN)		<input type="checkbox"/> Estate (SSN of decedent)		<input type="checkbox"/> State/local government	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Plan administrator (SSN)		<input type="checkbox"/> Federal government/military	
<input checked="" type="checkbox"/> Corporation (enter form number on flag) 112C		<input type="checkbox"/> Trust (SSN of grantor)		<input type="checkbox"/> Indian tribal government/enterprise	
<input type="checkbox"/> Pas-sionel Service		<input type="checkbox"/> National Guard			
<input type="checkbox"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative			
<input type="checkbox"/> Other nonprofit organization (specify) *		<input type="checkbox"/> REMIC			
<input type="checkbox"/> Other (specify) *		<input type="checkbox"/> Group Exemption NO. (GEN) *			
8b* If a corporation, name the state or foreign country (if applicable) where incorporated FL			State FL		Foreign country
9* Reason for applying (check only one)					
<input checked="" type="checkbox"/> Started new business (specify type) Homeowners Association		<input type="checkbox"/> Banking purpose (specify purpose) *			
<input type="checkbox"/> Hired employees (Check the box and see line 12)		<input type="checkbox"/> Changed type of organization (specify new type) *			
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Other (specify) *		<input type="checkbox"/> Created a trust (specify type) *			
<input type="checkbox"/> Created a pension plan (specify type) *					
10* Date business started or acquired (month, day, year) JUN 12 2002			11* Closing month of accounting year DEC		
12 Fee: did wages or salaries were paid or not be paid (month, day, year) Note: if applicant is a withholding agent, enter date income was first be paid to nonresident alien. (month, day, year)					
13 Highest number of employees expected in the next twelve months Note: if the applicant does not expect to have any employees during the period, enter "0"					
14* Check box that best describes the principal activity of your business			Agriculture		
<input type="checkbox"/> Construction			Manufacturing		
<input type="checkbox"/> Rental & leasing			Retail		
<input type="checkbox"/> Real estate			Wholesale agent/broker		
<input type="checkbox"/> Transportation & warehousing			Wholesale-other		
<input type="checkbox"/> Trade, accommodation & food service					
<input type="checkbox"/> Finance & insurance					
<input type="checkbox"/> Health care & social assistance					
<input checked="" type="checkbox"/> Other (specify) Homeowners Association					
15* Indicate by check box if merchandise and specific construction were done; products produced; or services provided. Homeowners Association					
15a* Has the applicant ever applied for an employer identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," check appropriate lines 15a and 15b					
15b* If you checked "Yes" on line 15a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name Trade name					
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number (if known).		Approximate date when filed (month, day, year)		City and state where filed	
				Previous EIN	
Third Party Designee Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form					
Designee's name William H. Nibbham		Address and ZIP code 801 Commendence Ct Panama FL 32502		Designee's telephone number (include area code) () - Designee's fax number (include area code) () -	
Under penalty of perjury, I declare that I have submitted this application, and in the best of my knowledge and belief, it is true, correct, and complete. Name and title (type or print clearly)				Applicant's telephone number (include area code)	

Attachment

66428827
1102000005277

June 15, 2004

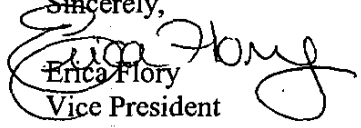
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Examiner,

Please accept this photocopy of Oak Park Estates Homeowner Association FEI number. I, Erica Flory vice president of Oak Park Estates Homeowners Association, just got back into town from a funeral yesterday. I also had to wait on Whitrock Association to provide the photocopy of our FEI number, which I did not get until today.

If you should have any questions, please feel free to contact me.

Sincerely,


Erica Flory
Vice President

Oak Park Estates Homeowners Association
924 Scenic Oak Lane
Ft. Walton Beach, FL 32547
(850) 301-2003