

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90001 038 ****61.25

DOCUMENT # N02000005277



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

Principal Place of Business
**933 SCENIC OAK LN
 FORT WALTON BEACH, FL 32547**

Mailing Address
**933 SCENIC OAK LN
 FORT WALTON BEACH, FL 32547**

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07272006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
20-1232635

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARNETT, DONNA
 933 SCENIC OAK LN
 FORT WALTON BEACH, FL 32547**

Name

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

City

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

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 September 6, 2006**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	BARNETT, DONNA	933 SCENIC OAK LN	FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/>
TD	TATE, SARAH	928 SCENIC OAK LN	FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DA	DAVID L. Beeler	930 SCENIC OAKLANE	FORT WALTON BEACH FL 32547	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	BRYANT, SUSAN	928 SCENIC OAK LN	F W B FL 32547	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sec.	BARNETT, DONNA	933 SCENIC OAK LN	FORT WALTON BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
VPD	CARR, ROGER	SCENIC OAKLANE	FORT WALTON BEACH FL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David L. Beeler DAVID L. Beeler 7-27-2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #