

FILED
Aug 16, 2004 8:00 am
Secretary of State

05-03-2004 90824 001 ***300.00

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # N02000005278			
1. Entity Name OAK PARK ESTATES 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 904 SCENIC OAK LANE Suite, Apt. #, etc.		3. Mailing Address 904 SCENIC OAK LANE Suite, Apt. #, etc.	
City & State FT. WALTON BEACH FL.		City & State FT. WALTON BEACH, FL.	
Zip 32547		Zip 32547	
Country USA		Country USA	
4. Name and Address of Current Registered Agent ROCKMAN, KEITH L 108 EGLIN PKWY. SE FT. WALTON BEACH, FL 32548		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Name and Address of New Registered Agent Name: Erica Flory Street Address (P.O. Box Number is Not Acceptable) 904 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: <u>Erica M. Flory</u> DATE: <u>5-1-04</u> (NOTE: Registered Agent signature required when reissuing)			
Filing Fee is \$81.25 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: ROCKMAN, KEITH L STREET ADDRESS: 108 EGLIN PKWY. SE CITY-ST-ZIP: FT. WALTON BEACH, FL 32548 ☒ Delete		TITLE: PD NAME: Donna Garwick STREET ADDRESS: 904 SCENIC OAK LANE CITY-ST-ZIP: FT. WALTON BCH, FL 32547 ☒ Change ☐ Addition	
TITLE: VD NAME: BUCK, JASON C STREET ADDRESS: 108 EGLIN PKWY. SE CITY-ST-ZIP: FT. WALTON BEACH, FL 32548 ☒ Delete		TITLE: VD NAME: Erica Flory STREET ADDRESS: 904 SCENIC OAK LANE CITY-ST-ZIP: FT. WALTON BCH, FL 32547 ☒ Change ☐ Addition	
TITLE: STD NAME: BUCK, BETTY F STREET ADDRESS: 108 EGLIN PKWY. SE CITY-ST-ZIP: FT. WALTON BEACH, FL 32548 ☒ Delete		TITLE: STD NAME: Sarah Tate STREET ADDRESS: 904 SCENIC OAK LANE CITY-ST-ZIP: FT. WALTON BCH, FL 32547 ☒ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Erica Flory</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR		Date: <u>5-1-04</u> <u>850-301-2003</u> Date Daytime Phone #	