

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005278

FILED
Apr 19, 2007
Secretary of State

Entity Name: OAK PARK ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

933 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

924 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

Current Mailing Address:

924 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

New Mailing Address:

FEI Number: 20-1232836 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BEELER, DAVE
930 SCENIC OAK LN
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

CARR, ROGER
924 SCENIC OAK LN
FORT WALTON BEACH, FL 32547 US

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.

SIGNATURE: ROGER CARR

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: BARNETT, DONNA
Address: 933 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T () Delete
Name: BRYANT, SUSIE
Address: 928 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: P () Delete
Name: BEELER, DAVE
Address: 930 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V () Delete
Name: JOHNSON, LINDA
Address: 934 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: BRYANT, SUSIE
Address: 928 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD (X) Change () Addition
Name: CARR, ROGER
Address: 924 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD (X) Change () Addition
Name: JOHNSON, LINDA
Address: 934 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSIE BRYANT

TD

04/19/2007

Electronic Signature of Signing Officer or Director

Date