2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # N36052 OD PARK PROPERTY OV	WNERS' ASSOCIAT	ION,				02-05-200	07 9012	4 043 ****61.	25
Principal Place 7508 JENNIN FT PIERCE, F		Mailing Address 7508 JENNINGS WAY FT PIERCE, FL 34951-2118				, .				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01212007	Chg-NP	CF	R2E037 (12/06)	
City & State		City & State			1	4. FEI Number 59-6152				oplied For
Zip	Country	Zip	Zip Coun			5. Certificate of	of Status Desi	red [\$8.75 ad	ditional
	6. Name and Address of Curren	t Registered Agent			•	7. Name and	Address of N	ew Regist	ered Agent	
LANDERS	GMEN Y EA			Name						
LANDERS, GWEN Y EA -2105-B 9TH ST SW				Street Address (P.O. Box Number is Not Acceptable)						
VERO BEACH, FL 32962				2	015-	Ba	M C7	- SM		
				City		15 7			FL Zip Cod	ie
9. The above	named entity submits this statement	for the gurpage of shapeing	:			d b b b	- 1- 11- Dist-	- (= -1111111111111-		
the obligat	ions of registered agent.	dus EA	ita regialere	ed office of	registered	a agent, or both	, in the state	1/22	107	and accept
aldivation y .	Claretture hand or purple spring of pagetaged page	at and title if amplicable (1)	OTT. Desire					/	/ /	
SIGNATOR	Signature, typed or printed name of registered ager	nt and title if applicable. (Ni	OTE: Registere	a Agent signat	ure required wh	hen reinstating)			DATE	
SIGNATURE 3	Signature. typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	9. Election C		inancing	\$	55.00 May Be			Check payable to Department of S	
10.	Filing Fee is \$61.25	9. Election C Trust Fund	ampaign F	inancing	□ \$	55.00 May Be		Florida I	Department of S	tate
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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 received or trustee impowered 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 tree empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

San 30-07

712-464-937

Daytime Phone #