

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 01 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N 96 00000 3459**
1. Corporation Name
Oak Park Homeowners Association of Tallahassee, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

21 **431 Waverly Rd** 26 **SAMS**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **Tallahassee FL** 27 **SAMS**

City & State City & State

23 **32312** 28 **USA**

Zip Country Zip Country

3. Date Incorporated or Qualified

4. FEI Number **59-3396836** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

81 Name **Don Lee Isoacs**

82 Street Address (P.O. Box Number is Not Acceptable) **431 Waverly Road**

83

84 City **Tall** FL 85 Zip Code **32312**

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD Ted Reinhard
1.3 STREET ADDRESS	2785 Oak Park Ct
1.4 CITY-ST-ZIP	Tall FL 32308
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VP D Frances Yagami
2.3 STREET ADDRESS	2748 Oak Park Ct
2.4 CITY-ST-ZIP	Tall FL 32308
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ruthleen Wright
3.3 STREET ADDRESS	3001 Oak Park Ct
3.4 CITY-ST-ZIP	Tall FL 32308
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D Ronald Roberts
4.3 STREET ADDRESS	2740 Oak Park Ct
4.4 CITY-ST-ZIP	Tallahassee FL 32308
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Mary Givens
5.3 STREET ADDRESS	2729 Oak Park Ct
5.4 CITY-ST-ZIP	Tallahassee FL 32308
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	500002543525
6.3 STREET ADDRESS	-06/02/98--01008--028
6.4 CITY-ST-ZIP	***61.25

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Ted Reinhard** **Ted Reinhard** Date: **4/30/98** Daytime Phone #: **(850) 531-0627**

CR2E037 (10/97)