


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90006 046 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000001030					
1. Corporation Name OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 308 S DILLARD STREET WINTER GARDEN FL 34787			Mailing Address 308 S DILLARD STREET WINTER GARDEN FL 34787		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 770779		02/20/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3610625	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Winter Garden FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29 34777		30 USA	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GRIMES, MELANIE 308 S DILLARD STREET WINTER GARDEN FL 34787		81 Name Frances Smith 82 Street Address (P.O. Box Number is Not Acceptable) 308 S. Dillard St. 83 84 City Winter Garden FL 85 Zip Code 34787	

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 *Frances Smith* **FRANCES Smith** DATE **1/4/99**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMES, MELANIE	1.2 NAME	DONALD Wigginton
STREET ADDRESS	308 S DILLARD STREET	1.3 STREET ADDRESS	200 MELJANE DR
CITY-ST-ZIP	WINTER GARDEN FL 34787	1.4 CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, FRANCES	2.2 NAME	
STREET ADDRESS	308 S DILLARD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAHAM, ALTON	3.2 NAME	Joseph Nunes
STREET ADDRESS	308 S DILLARD STREET	3.3 STREET ADDRESS	647 Stevelynn Cir
CITY-ST-ZIP	WINTER GARDEN FL 34787	3.4 CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE *Frances Smith* **FRANCES Smith** DATE **1/4/99** DAYTIME PHONE # **407/656-7499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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