

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90349 004 ****61.25



MOORE CR2E037 (11/03)

DOCUMENT # N98000001030		1. Entity Name OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.	
Principal Place of Business 308 S DILLARD STREET WINTER GARDEN FL 34787		Mailing Address P O BOX 770105 WINTER GARDEN FL 34777-0105 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NUNES, JOSEPH 647 STEVELYNN CIR WINTER GARDEN FL 34787		7. Name and Address of New Registered Agent Name: JANICE WIGGINTON Street Address (P.O. Box Number is Not Acceptable): 200 MELJANE DR. City: WINTER GARDEN FL Zip Code: 34787	
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: <i>Janice Wigginton</i> JANICE WIGGINTON 4-26-04 (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: PROFFITT, AMY STREET ADDRESS: 713 STEVELYNN CIRCLE CITY-ST-ZIP: WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: ANETTE LUCK STREET ADDRESS: 230 CLACYN CT. CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: STD D NAME: NUNES, JOSEPH STREET ADDRESS: 647 STEVELYNN CIR CITY-ST-ZIP: WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete <i>← Change</i>	TITLE: T NAME: JANICE WIGGINTON STREET ADDRESS: 200 MELJANE DR. CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VD D NAME: HELLER, LESLEE STREET ADDRESS: 218 CLACYN CT. CITY-ST-ZIP: WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete <i>← Change</i>	TITLE: VD NAME: DONALD WIGGINTON STREET ADDRESS: 200 MELJANE DR. CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: PERKETT, JANET STREET ADDRESS: 628 STEVELYNN CIRCLE CITY-ST-ZIP: WINTER GARDEN FL 34787	<input checked="" type="checkbox"/> Delete	TITLE: S NAME: CHRISTY GURLEY STREET ADDRESS: 206 MELJANE DR. CITY-ST-ZIP: WINTER GARDEN, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: LAMBERT, SHARON STREET ADDRESS: 749 STEVELYNN CIR CITY-ST-ZIP: WINTER GARDEN FL 34787	<input type="checkbox"/> Delete	TITLE: I NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Joseph M. Nunes*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04 (407) 654-9634
Date Daytime Phone #