2006 NOT-FOR-PROFIT CORPORATION -ANNUAL-REPORT

SIGNATURE:

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90458 049 ****61.25

DOCUMENT # N9400000243 1. Entity Name OAKPARK OWNERS' ASSOCIATION, INC.								Ĭ	J 01 2 000 J	70 100 0 15	01	.20	
3604 HARDEN BLVD			360	Mailing Address 3604 HARDEN BLVD LAKELAND, FL 33803 US			·	60031976					
2. Principal Place of Business 3. N			3. Mai	. Mailing Address									
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				04262006 C	hg-NP	CR2E037 (11	/05)		
City & State			Ci	City & State			4. FEI Number 59-3275221				Applied For Not Applicable		
Zip				Zip		untry	5. Certificate of Status			Fee Required			
6. Name and Address of Current Registered Agent						Name	40	7. Name and Ad	dress of New R	egistered Agent	·	··	
BARBER, RICHARD W 3604 HARDEN BLVD LAKELAND, FL 33803				Street Address				(P.O. Box Number is Not Acceptable) HARDEN BLVA					
						City	AKE	LAND		FL Zi	Cod	73	
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees		ake check paya ida Department			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	i .	OFFICERS AND GRADY NCHO LA QUINTA A, CA 92253		Delete			A	ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRECTO		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LONG, WI	LLIAM B ON PARKWAY WES	 ЭТ	Delete	TITLE NAM STRE						hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3604 HAR	, DONALD R DEN BLVD D, FL 33803		☐ Delete							range	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RICHARD W DEN BLVD D, FL		Delete			90 M4 360,	55, LEQUA I HALDEN LELAND,	RS BL/8 A 338	ිතු ලිකු	nange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	•					□ ci	range	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP				☐ Delete						ci	nange	Addition	
12. I hereby of indicated of the corchanged.	certify that the on this repor poration or th or on an atta	information supplied w t or supplied antal repor e receiver or rustee en chmen with an addres	vith this filing t is true and npowered to s all of	does not qualify for accurate and that execute this reporter like empowered	or the exe my signa t as requi	emptions of ture shall? red by Ch	contained have the s apter 617	in Chapter 119, Flo same legal effect as , Florida Statutes; a	orida Statutes. I if made under ond that my name	further certify that bath; that I am an e appears in Bloc	the in officer k 10 or	formation or director Block 11 if	