2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State
04-17-2007 90056 012 ****61.25

DOCUMENT # N98000001030

1. Entity Name

OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 MELJANE DR WINTER GARDEN FL 34787	P O BOX 770105 WINTER GARDEN FL 34777-0105 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3510625 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIGGINGTON, DONALD
200 MELJANE DR
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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: Donald W. Wiggington 4-7-07

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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BORGER, TODD 214 MELIANA DR WINTER GARDEN FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT DONALD WIGGINTON 200 MELJANE DR. WINTER GARDEN, FL 34787 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P NUNES, JOSEPH 647 STEVELYNN CIR WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SUZANNE HEATHERMAN 225 CLACYN CT. WINTER GARDEN, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KIDD, GREGG 706 STEVELYN CIR WINTER GARDEN FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR YVETTE MORRISETTE 616 STEVELYNN CIRCLE WINTER GARDEN, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/S WIGGINTON, JANICE 2300 MELJANE DR. WINTER GARDEN FL 34787	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR / ARB POLLY NUNES 647 STEVELYNN CIR. WINTER GARDEN, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAMBERT, SHARON 749 STEVELYNN CIR WINTER GARDEN FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	ARB LESLIE HELLER 218 CLACLYN CT. WINTER GARDEN, FL 34787 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DARB KIDD, JENNIFER 706 STE DELYNN CIR WINTER GARDEN FL 34787	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LISA RAMOTAR 628 STEVELYNN CIR. WINTER GARDEN, FL 34787 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: Donald W. Wiggington 4-7-07 407-656-3385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #