

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

**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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3510625**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WIGGINGTON, DONALD  
200 MELJANE DR  
WINTER GARDEN FL 34787**

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 WIGGINGTON**

*[Signature]*

**4-9-08**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required if withdrawing as agent)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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 **P** ☐ Delete  
NAME **WIGGINGTON, DONALD**  
STREET ADDRESS **200 MELJANE DR**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition  
NAME **U000000896659**  
STREET ADDRESS **04/25/08-80016-020 61.25**  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **NUNES, JOSEPH**  
STREET ADDRESS **647 STEVELYNN CIR**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MORRISETTE, YVECHE**  
STREET ADDRESS **616 STEVELYNN CIR**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TS** ☐ Delete  
NAME **WIGGINGTON, JANICE**  
STREET ADDRESS **2300 MELJANE DR.**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HEATHERMA, SUZANNE**  
STREET ADDRESS **225 CLACYN CT**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **HELLER, LESLIE**  
STREET ADDRESS **218 CLACYN CT**  
CITY-ST-ZIP **WINTER GARDEN FL 34787**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 WIGGINGTON** *[Signature]* **4-9-08**