

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001030

FILED
Feb 15, 2009
Secretary of State

Entity Name: OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 MELJANE DR
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P O BOX 770105
WINTER GARDEN, FL 347770105 US

New Mailing Address:

FEI Number: 59-3510625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIGGINGTON, DONALD
Address: 200 MELJANE DR
City-St-Zip: WINTER GARDEN, FL 34787

Title: VP () Delete
Name: NUNES, JOSEPH
Address: 647 STEVELYNN CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: MORRISSETTE, YVECHE
Address: 616 STEVELYNN CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: TS () Delete
Name: WIGGINGTON, JANICE
Address: 2300 MELJANE DR.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HEATHERMA, SUZANNE
Address: 225 CLACYN CT
City-St-Zip: WINTER GARDEN, FL 34787

Title: D () Delete
Name: HELLER, LESLIE
Address: 218 CLACYN CT
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANICE WIGGINGTON

TS

02/15/2009

Electronic Signature of Signing Officer or Director

Date