


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 8:00 am**  
**Secretary of State**

04-16-2008 90037 025 \*\*\*\*61.25

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<b>DOCUMENT # 729565</b> 1. Entity Name <b>OAK PARK TERRACE, INC.</b>					
Principal Place of Business <b>400 18TH STREET VERO BEACH, FL 32960</b>			Mailing Address <b>400 18TH STREET VERO BEACH, FL 32960</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02082008 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-1652725</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CADY, JOHN 400 18TH ST. O-5 VERO BEACH, FL 32960</b>				7. Name and Address of New Registered Agent Name <b>John Cady</b> Street Address (P.O. Box Number is Not Acceptable) <b>400 18th St., O-5</b> City <b>Vero Beach FL</b> Zip Code <b>32960</b>	
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 <u><i>John Cady President</i></u> DATE <u>4-14-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALNOSKI, SUSAN 400 18TH STREET N-4 VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susan Malinowski 400 18th St. N-4 Vero Beach, FL. 32960
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CADY, JOHN 400-18TH ST., APT O-5 VERO BEACH, FL 32960	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMSON, JEAN 400 18TH ST., P-1 VERO BCH, FL 32960	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RATTI, JAMIE 400 18 ST M-4 VERO BCH, FL 32960	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAIER, PAUL J 400-18TH ST., APT H-2 VERO BEACH, FL 32960	<input type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HALL, BARBARA 400 18TH STREET F-5 VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steve Peirce 400 18th St. O-2 Vero Beach, FL. 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gisela Peirce 400 18th St. O-2 Vero Beach, FL. 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Paul J. Maier 400 18th St. H-2	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Robertson 400 18th Stt. I-8 Vero Beach, FL. 32960	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>John Cady - JOHN Cady President</i></u> Date <u>4-14-08</u> Daytime Phone # <u>569 6055</u>					