

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745906

FILED
May 03, 2005
Secretary of State

Entity Name: OAK PARK OF RIVER OAKS, INC.

Current Principal Place of Business:

155 WESTWOOD DR
NAPLES, FL 34110 US

New Principal Place of Business:

199 WESTWOOD DR
NAPLES, FL 34110 US

Current Mailing Address:

155 WESTWOOD DR
NAPLES, FL 34110 US

New Mailing Address:

199 WESTWOOD DR
NAPLES, FL 34110 US

FEI Number: 65-0105103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FAUST, ELLWOOD
174 OLD TAMIAMI TRAIL
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

PFLAUMER, TODD
199 WESTWOOD DRIVE
NAPLES, FL 34110 US

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: TODD PFLAUMER

05/03/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FRANCHINO, TOM
Address: 183 WESTWOOD DR.
City-St-Zip: NAPLES, FL 34110

Title: VPD () Delete
Name: PFLAUMER, TODD
Address: 199 WESTWOOD DR.
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: POTTEBPUM, H.W.
Address: 155 WESTWOOD DR.
City-St-Zip: NAPLES, FL 34110

Title: SD () Delete
Name: FAUST, ELLWOOD
Address: 174 OLD TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: MILLER, PRESTON
Address: 191 WESTWOOD DR.
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: PFLAUMER, TODD
Address: 199 WESTWOOD DR.
City-St-Zip: NAPLES, FL 34110

Title: TD (X) Change () Addition
Name: MIRO, IVE
Address: 190 OLD TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

Title: SD (X) Change () Addition
Name: WOODS, LYNDIA
Address: 182 OLD TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34110

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TODD PFLAUMER

VPD

05/03/2005

Electronic Signature of Signing Officer or Director

Date