

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90030 038 \*\*\*\*61.25

<b>DOCUMENT # 759187</b> 1. Entity Name <b>OAKPARK CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>11211 PROSPERITY FARMS RD PALM BEACH GARDENS, FL 33410-3489 US</b>		Mailing Address <b>275 TONEY PENNA DR SUITE #7 JUPITER, FL 33458 US</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip 		3. Mailing Address  <b>1061 E. Indiantown Road Suite 410 Jupiter, FL 33477 US</b>	
		01072008    Chg-NP    CR2E037 (12/06)	
		4. FEI Number <b>59-1983509</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>KUNKLE, CRAIG 275 TONEY PENNA DRIVE #7 JUPITER, FL 33458</b>		<b>7. Name and Address of New Registered Agent</b>  Name <b>Kunkle, Craig</b> Street Address (P.O. Box Number is Not Acceptable) <b>1061 E. INDIANTOWN Rd.</b> <b>SUITE 410</b> City <b>JUPITER</b> FL    Zip Code <b>33477</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			
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to 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 <del>KANTOR, GEORGE M.D.</del> <del>11211 PROSPERITY FARMS RD #206</del> <del>PLM BSH GARDENS, FL 33410</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete  <b>Secretary</b> <b>Martina Covarrubias</b> <b>11211 Prosperity Farms Rd # C113</b> <b>PLM BSH GARDENS, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FIELDS, PRESTON 11211 PROSPERITY FARMS RD. #C301 PALM BEACH GARDENS, FL 33418	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>GUZMAN, MIGUEL</del> <del>11211 PROSPERITY FARMS RD #A103</del> <del>PALM BCH GARDENS, FL</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete  <b>Treasurer</b> <b>Yasser Batatineh</b> <b>11211 Prosperity Farms Rd B-202</b> <b>Palm Bch Gardens, FL 33410</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete  <b>GADARIAN GRAHAM, MARJORIE</b> <b>11211 PROSPERITY FARMS RD #D-123</b> <b>PALM BEACH GARDENS, FL 33410</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COHEN, VANNE 11211 PROSPERITY FARMS RD #C109 PALM BEACH GARDENS, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
<b>SIGNATURE:</b>		<b>3/4/08</b> <b>561-799-9910</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date    Daytime Phone #</small>	