


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90043 029 ****61.25

DOCUMENT # N02000002383			
1. Entity Name OAK PARK HOMEOWNERS ASSOCIATION OF DELAND INC.			
Principal Place of Business 719 WRIGHT CT DELAND FL 32720		Mailing Address 719 WRIGHT CT DELAND FL 32720	
2. Principal Place of Business 719 Wright Court Suite, Apt. #, etc.		3. Mailing Address 536 Hemingway Ct. Suite, Apt. #, etc.	
City & State Deland, FL Zip 32720 Country U.S.A.		City & State Deland, FL Zip 32720 Country USA	
4. FEI Number NO-T APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BLANKENBAKER, JOSEPH 719 WRIGHT CT DELAND FL 32720		7. Name and Address of New Registered Agent Name: Angelito Ramirez Street Address (P.O. Box Number is Not Acceptable): 540 Hemingway Court City: Deland FL Zip Code: 32720	
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>Angel Ramirez</u> DATE: <u>02/28/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	PD MASSEY, GEORGE 721 WRIGHT CT DELAND FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Angelito Ramirez 540 Hemingway Court Deland, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KLOPPENBERG, ROBERT 515 HEMMINGWAY CT DELAND FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Brenda Boone 726 Wright Court Deland, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLANKENBAKER, JOSEPH - 719 WRIGHT CT DELAND FL 32720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Albert Bergman 526 Hemingway Court Deland, FL 32720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CUTTS, JUANITA 532 HEMINGWAY CT DELAND FL 32720 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD CALLIS, ELAINE 536 HEMINGWAY CT DELAND FL 32720 <input type="checkbox"/> Delete	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 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 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: Angel Ramirez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/28/04

Date

Daytime Phone #