

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003655

FILED  
Feb 09, 2009  
Secretary of State

Entity Name: OAK PARK TOWNHOMES OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

962 SCENIC OAK LANE  
FORT WALTON BEACH, FL 325474973

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 1164  
MARY ESTHER, FL 32569

## New Mailing Address:

FEI Number: 20-8510975

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KROST, KENNETH  
4436 WINDWARD LN  
NICEVILLE, FL 32578 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: PD ( ) Delete  
Name: KROST, KENNETH  
Address: 4436 WINDWARD LANE COVE  
City-St-Zip: NICEVILLE, FL 32578

Title: VS ( ) Delete  
Name: KLINCIK, AMY M  
Address: 231 TRISH DRIVE  
City-St-Zip: CRESTVIEW, FL 32536

Title: D ( ) Delete  
Name: HEILER, FREDERICK W JR  
Address: 952 SCENIC OAK LANE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D ( ) Delete  
Name: BLURTON, STEVE  
Address: 639 INGLIS DR  
City-St-Zip: MARIETTA, GA 30067

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KROST, KENNETH  
Address: 4436 WINDWARD LANE COVE  
City-St-Zip: NICEVILLE, FL 32578

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

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

Title: P (X) Change ( ) Addition  
Name: BLURTON, STEVE  
Address: 639 INGLIS DR  
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Change (X) Addition  
Name: BLURTON, KAREN  
Address: 639 INGLIS DR  
City-St-Zip: MARIETTA, GA 30067

Title: D ( ) Change (X) Addition  
Name: KLINCIK, NORBERT  
Address: 364 E PINE LAKE CIR  
City-St-Zip: VERNONHILLS, IL 60061

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: AMY M KLINCIK

VS

02/09/2009

Electronic Signature of Signing Officer or Director

Date