2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005277

FILED Apr 19, 2007 Secretary of State

Entity Name: OAK PARK ESTATES 1ST ADDITION HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

933 SCENIC OAK LN 924 SCENIC OAK LN

FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

933 SCENIC OAK LN 924 SCENIC OAK LN

FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547

FEI Number: 20-1232635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BARNETT, DONNA CARR, ROGER 933 SCENÍC OAK LN 924 SĆENIC OAK LN

FORT WALTON BEACH, FL 32547 FORT WALTON BEACH, FL 32547 US 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: ROGER CARR 04/19/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition

BARNETT, DONNA Name: Name: 933 SCENIC OAK LN Address: Address:

City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip:

Title: TD () Delete Title: TD (X) Change () Addition BRYANT, SUSAN Name: BRYANT, SUSIE Name:

Address: 928 SCENIC OAK LN Address: 928 SCENIC OAK LN City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: **VPD** () Delete Title: PD (X) Change () Addition

CARR, ROGER CARR, ROGER Name: Name: Address:

SCENIC OAK LANE Address: 924 SCENIC OAK LANE City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547

PD VPD

(X) Change () Addition Title: () Delete Title: Name: BEELER, DAVID L Name: JOHNSON, LINDA Address: 930 SCENIC OAK LANE Address: 934 SCENIC OAK LANE

City-St-Zip: FORT WALTON BEACH, FL 32547 City-St-Zip: FORT WALTON BEACH, FL 32547

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSIE BRYANT TD 04/19/2007