

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90130 003 ****61.25

DOCUMENT # N02000005278					
1. Entity Name OAK PARK ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business 933 SCENIC OAK LN FORT WALTON BEACH, FL 32547			Mailing Address 924 SCENIC OAK LN FORT WALTON BEACH, FL 32547		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1232836	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNETT, DONNA 933 SCENIC OAK LN FORT WALTON BEACH, FL 32547			7. Name and Address of New Registered Agent Name <u>Dave Beeler</u> Street Address (P.O. Box Number is Not Acceptable) <u>930 Scenic Oak Ln</u> City <u>Fort Walton Beach, FL</u> Zip Code <u>32547</u>		
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><i>Dave L Beeler</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>19-Mar-06</u>					
Filing Fee is \$61.25 Due by May 1, 2006		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 BARNETT, DONNA 933 SCENIC OAK LN FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dave Beeler 930 Scenic Oak Ln FWB, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TATE, SARAH 928 SCENIC OAK LN FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Susie Bryant 908 Scenic Oak Ln FWB, FL 32547	<input checked="" 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	Vice President Linda Johnson 934 Scenic Oak Ln FWB, FL 32547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<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	Secretary Donna Barnett 933 Scenic Oak Ln FWB, FL 32547	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<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.					
SIGNATURE: <u><i>Dave L Beeler</i></u>			Date <u>19-Mar-06</u> Daytime Phone # <u>850-862-5757</u>		

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