

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005278

FILED
Apr 02, 2009
Secretary of State

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

Current Principal Place of Business:

924 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

947 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

Current Mailing Address:

924 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

New Mailing Address:

947 SCENIC OAK LN
FORT WALTON BEACH, FL 32547

FEI Number: 20-1232836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARR, ROGER
924 SCENIC OAK LN
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

DAVIDSON, NORMA MRS.
947 SCENIC OAK LN
FORT WALTON BEACH, FL 32547 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: NORMA J DAVIDSON

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: HOUGH, NANCY
Address: 921 SCENIC OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: TD () Delete
Name: BRYANT, SUSIE
Address: 928 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD () Delete
Name: CARR, ROGER
Address: 924 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD (X) Delete
Name: JOHNSON, LINDA
Address: 934 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DAVIDSON, NORMA MRS
Address: 947 SCENIC OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: PD (X) Change () Addition
Name: HANDY, WILLIAM
Address: 948 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: VPD (X) Change () Addition
Name: CARR, ROGER
Address: 924 SCENIC OAK LN
City-St-Zip: FORT WALTON BEACH, FL 32547

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

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: NORMA J. DAVIDSON

TD

04/02/2009

Electronic Signature of Signing Officer or Director

Date