SIGNATURE:

2006 NOT-FOR-PROFIT CORPORATION ANNUAL' REPORT (AR)

May 01, 2006 8:00 am Secretary of State DOCUMENT # N02000007587 1. Entity Name 05-01-2006 90299 006 ****61.25 OAK PARK HOMEOWNERS ASSOCIATION OF PINELLAS, Principal Place of Business Mailing Address 2880 SCHERER DR N, #840 SAINT PETERSBURG FL 33716 2880 SCHERER DR SAINT PETERSBURG FL 33716 2. Principal Place of Business 3. Mailing Address Scherer Dr. N 2870 Schorer Dr. N 2870 Suite, Apt. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E037 (10/05) 100 Applied For St. Peterbur 4. FEI Number City & State 05-0542932 Peterbura Not Applicable Pine Ilas \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Coterill RON Street Address (P.O. Box Number is Not Acceptable) COLTERILL, RON 400 N TAMPA ST # 2625 TAMPA FL 33602 Zip Code Tampa 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State . Due By May 1, 2006 \(\) Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President Addition ☐ Change TITLE TITLE Doug Jahnson MAJOLDS, SCOTT NAME 7404 77th Terrace North 7764 77TH ST N STREET ADDRESS STREET ADDRESS Pinellas Purk, F1 33781 PINELLAS PARK FL 33781 CITY-ST-78P CITY-ST-7IP Seceratory ☐ Change Addition [4] TITLE TITLE ANNA Baker 7432 77th Terrace North HANSON, ROBERT NAME NAME 7561 75TH WAY N STREET ADDRESS STREET ADDRESS Pinellus Park, F1 33781 PINELLAS PARK FL 33781 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE TD ☐ Delete NAME NELSON, CHRIS NAME STREET ADDRESS 7750 75TH WAY N STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL 33781 ☐ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

FILED