

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 02, 2005 8:00 am**  
**Secretary of State**

09-02-2005 90015 006 \*\*\*\*61.25

<b>DOCUMENT # N03000009116</b> 1. Entity Name <b>OAK PARK VILLAS OF BREVARD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3600 DAIRY ROAD TITUSVILLE, FL 32796</b>			Mailing Address <b>3600 DAIRY ROAD TITUSVILLE, FL 32796</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>8. Name and Address of Current Registered Agent</b> <b>FLOTZ, PETER 3600 DAIRY ROAD TITUSVILLE, FL 32796</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>JIM BEIL</b> Street Address (P.O. Box Number is Not Acceptable) <b>3600 DAIRY RD</b> City <b>Titusville</b> <b>FL</b> Zip Code <b>32796</b>	
4. FEI Number <b>APPLIED FOR 03-0550934</b> <span style="float: right;">Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></span>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. 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>James E Beil</i></u> <b>JIM BEIL</b> <b>8-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP FLOTZ, PETER 3600 DAIRY ROAD TITUSVILLE, FL 32796</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT JIM BEIL 3600 DAIRY RD TITUSVILLE, FL 32796</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS WILSON, DIANE 3600 DAIRY ROAD TITUSVILLE, FL 32796</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY LUCILLE WALCOTT 3600 DAIRY RD TITUSVILLE, FL 32796</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT KROCKER, CHARLES S 3600 DAIRY ROAD TITUSVILLE, FL 32796</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER MAUREEN HAMILTON 3600 DAIRY RD TITUSVILLE, FL 32796</b>		
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		
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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u><i>James E Beil</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>8-28-05</b> <b>321 269-3332</b> <small>Date Daytime Phone #</small>			