2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Feb 15, 2007 8:00 am **Secretary of State** DOCUMENT # N03000009116 1. Entity Name 02-15-2007 90045 015 ****61.25 OAK PARK VILLAS OF BREVARD CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 3600 DAIRY ROAD 3600 DAIRY ROAD TITUSVILLE, FL 32796 TITUSVILLE, FL 32796 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 03-0550934 Applied For Not Applicable Zip Country \$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 XXRISTIANE BEIL, JIM 3600 DAIRY ROAD Street Address (P.O. Box Number is Not Acceptable) TITUSVILLE, FL 32796 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. CHRISTIANE GARDNER Filing Fee Is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2007 Florida Department of State OFFICERS AND DIRECTORS 1D. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE P CHRISTIANE GARMER Addition BEIL, JIM NAME NAME 3600 DAIRY RD STREET ADDRESS STREET ADDRESS 3600 BAIRY RA TITUSVILLE FL 30796 CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-7P TITLE Delete TITLE Addition VP LUCILLE WALCOTT ☐ Channe KING, DENISE NAME NAME 3600 DAIRYRD STREET ADDRESS 3600 DAIRY RD STREET ADDRESS CITY-ST-ZIP TITUSVILLE, FL 32796 CITY-ST-ZIP TITLE ☐ Delete TITLE JIM BEIL ☐ Change ■ Addition HAMILTON, MAUREEN NAME NAME 3600 DAIRY RD STREET ADDRESS 3600 DAIRY RD STREET ADDRESS TITUSVILLE, FL 32796 CITY-ST-ZIP CITY-ST-71P TI tusville FL32796 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.

RE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

MAUREEN HAMILTON

FILED