2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007334

FILED May 01, 2009 Secretary of State

Entity Nan	ne: OAK PARK COMMUNITY ASSOCIATION	N, INC.		
Current Principal Place of Business:		New Principal F	New Principal Place of Business:	
2502 N RO STE 1050 TAMPA, FL	CKY POINT DR 33607			
Current Mailing Address:		New Mailing Ac	New Mailing Address:	
2502 N RO STE 1050 TAMPA, FL	CKY POINT DR 33607			
FEI Number: In accordance	20-4142762 FEI Number Applied For () se with s. 607.193(2)(b), F.S., the corporation did not	FEI Number Not Applicable receive the prior notice.	() Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Addr	ess of New Registered Agent:	
BAXTER, S 1150 CLEV CLEARWA	ER, GARY N ESQ STROHAUER, MANNION & SILBERMANN,P/ /ELAND ST - STE 300 .TER, FL 33755 US			
The above in the State	named entity submits this statement for the proof of Florida.	urpose of changing its reg	istered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Delete RYAN, JOHN M 2502 N ROCKY POINT DR - STE 1050 TAMPA, FL 33607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SD () Delete LAWSON, MICHAEL 2502 N ROCKY POINT DR - STE 1050 TAMPA, FL 33607	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () Delete SINGLETON, GREG 2502 N ROCKY POINT DR - STE 1050 TAMPA, FL 33607	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: JIM BIGGS MGR 05/01/2009