

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90208 029 ****61.25

DOCUMENT # N07884

1. Entity Name
OAK PARK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
274 WILSHIRE BLVD
282
CASSELBERRY, FL 32707

Mailing Address
274 WILSHIRE BLVD
282
CASSELBERRY, FL 32707

40064004



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-2848234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLARENT, INC
% GEOFFREY W. HALL
274 WILSHIRE BLVD., SUITE 282
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LAGOY, ELGWORTH	
STREET ADDRESS	4089 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	GILES, THOMAS	
STREET ADDRESS	3946 HAYNES CIRCLE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANGIARELLI, BRUNO	
STREET ADDRESS	4023 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POOLE, DAVID	
STREET ADDRESS	4038 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLEMAN, DIANE	
STREET ADDRESS	4019 GALLAGHER LOOP	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FERGUSON, MICHAEL	
STREET ADDRESS	3942 HAYNES CIR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WASHINGTON, LAWRENCE	
STREET ADDRESS	4096 Belle Meade Ct.	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENYECZ, LAWRENCE	
STREET ADDRESS	3982 HAYNES Cir.	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRIN, SHANNON	
STREET ADDRESS	3975 Hayes Cir.	
CITY-ST-ZIP	Casselberry FL 32707	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, DIANE	
STREET ADDRESS	4019 GALLAGHER LOOP	
CITY-ST-ZIP	Casselberry FL 32707	

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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Poole **DAVID POOLE** 4-21-06 407-339-5797