

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07884

FILED
Feb 13, 2007
Secretary of State

Entity Name: OAK PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

274 WILSHIRE BLVD
282
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

274 WILSHIRE BLVD
282
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-2848234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WASHINGTON, LAWRENCE
Address: 4096 BELLE MEADE CT
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: HENYECZ, LAWRENCE
Address: 3982 HAYNES CT
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MANGIARELLI, BRUNO
Address: 4023 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: PD () Delete
Name: POOLE, DAVID
Address: 4038 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: TD () Delete
Name: COLEMAN, DIANE
Address: 4019 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

Title: VPD () Delete
Name: PARKER, DIANE
Address: 4019 GALLAGHER LOOP
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID POOLE

PD

02/13/2007

Electronic Signature of Signing Officer or Director

Date