

INCORPORATED
ANNUAL REPORT
1997



STATE DEPARTMENT
Sandra B. ...
Secretary
DIVISION OF CORPORATIONS

DOCUMENT # N15778

(6)

1. Corporation Name

OAK PARK HOMES OF TAMPA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

403-405 S. ARRAWANA
P.O. BOX 10811
TAMPA FL 33679

403-405 S. ARRAWANA
P.O. BOX 10811
TAMPA FL 33679-0811

2. Principal Place of Business

2a. Mailing Address

21 403 - 405 S. ARRAWANA

26 1411 N. Westshore Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 310

23 Tampa, FL

28 Tampa, FL

Zip

Country

Zip

Country

24 33609

25 Hillsborough

29 33607

30 Hillsborough

9. Name and Address of Current Registered Agent

MARCOtte, ELEANOR R
405 S. ARRAWANA #70
TAMPA FL 33609

81 Name

Unique Property Services, Inc

82 Street Address (P.O. Box Numbers Not Acceptable)

1411 North Westshore Blvd

83 Suite # 310

84 City Tampa

FL

85 Zip Code 33607

10. Name and Address of New Registered Agent

I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-97

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T D MARCOtte, ELEANOR R
405 S ARRAWANA #5
TAMPA FL

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D DIAZ, TASHIA
403 S ARRAWANA #1
TAMPA FL 33609

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S P D MOLNAR, LOUIS
405 S. ARRAWANA AVE. #8
TAMPA FL 33609

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

100002266311
-08/13/97--01098--033
***70.00

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature of registered agent

3-11-97

FILED
Aug 08 1997 8:00am
Secretary of State

CR2E037 (9/96)