

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 11, 2007 8:00 am
Secretary of State

04-17-2007 90056 011 ****61.25

DOCUMENT # N30613 1. Entity Name OAK PARK AT SUNTREE ASSOCIATION, INC.					
Principal Place of Business 6939 N. WICKHAM RD MELBOURNE FL 32940 US			Mailing Address P. O. BOX 410174 MELBOURNE FL 32940 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2991577	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STEWART, FRANCIS M CPA 6939 N. WICKHAM RD. MELBOURNE FL 32940			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: DATE: 4/8/07					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LEONARD, JEFFREY 746 OAK PARK DRIVE MELBOURNE FL 32940	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	AMY MCINTOSH 733 OAK PARK DR MELBOURNE FL 32940	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KOSTYK, ED 790 GLENGARRY DR. MELBOURNE FL 32940	☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	ELIZABETH SCHEINBART 742 GLENGARRY DR MELBOURNE, FL 32940	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SUDARARMAN, RAVI 781 OAK PARK DRIVE MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P AKRAM, PATRICIA 783 ELEGERRY DR MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD MCARTHUR, DANA 780 OAK PK DR MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	_____ _____ _____	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 recorder 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.					
SIGNATURE:			Date: 5/8/07 Daytime Phone: 321 757 7422		