


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90004 042 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N39980</b>					
1. Corporation Name <b>OAK-LAND PARK MHP HOME OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business 8277 BELVEDERE ROAD WEST PALM BEACH FL 33411 US			Mailing Address 1159 HANDY OAK CIRCLE WEST PALM BEACH FL 33411		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/13/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		65-0243576	
24		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NEEDLE, ROBERT 580 VILLAGE BLVD. SUITE 150 WEST PALM BEACH FL 33409				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	ANDERSON, DAVID	1.2 NAME	STANLEY KROLL
STREET ADDRESS	580 VILLAGE BLVD., #150	1.3 STREET ADDRESS	1093 HANDY OAK CIRCLE
CITY-ST-ZIP	WEST PALM BLVD. FL 33409	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VD	2.1 TITLE	
NAME	NEEDLE, ROBERT	2.2 NAME	
STREET ADDRESS	580 VILLAGE BLVD., #150	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BLVD. FL 33409	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	NEEDLE, ROBERT	3.2 NAME	
STREET ADDRESS	580 VILLAGE BLVD., #150	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BLVD. FL 33409	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SIEBER, ROBERT	4.2 NAME	
STREET ADDRESS	1165 HANDY OAK CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WOESSNER, CATHY	5.2 NAME	
STREET ADDRESS	1135 HANDY OAK CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)