


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90035 040 ****61.25

DOCUMENT # N39980 1. Entity Name OAK-LAND PARK MHP HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 1159 HANDY OAK CIR WEST PALM BEACH, FL 33411 US			Mailing Address 1159 HANDY OAK CIRCLE WEST PALM BEACH, FL 33411		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0243576	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIEBER, ROBERT 1165 HANDY OAK CIR WEST PALM BEACH, FL 33411				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 <u>Robert Sieber</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/12/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 BAUMAN, SHERRY 1123 HANDY OAK CIR. WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DENISE DECKELBOIM 1081 HANDY OAK CIR WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SIEBER, ROBERT 1165 HANDY OAK CIR WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. ROBERT SIEBER 1165 HANDY OAK CIR. WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIEBER, ROBERT 1165 HANDY OAK CIR. WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SYLVIA VICARI 1051 HANDY OAK CIR. WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARRON, JOHNA 1039 HANDY OAK CIR. WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JEFF COZZAGLIO 1063 HANDY OAK CIR. WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WILLIAM TIANELLO 1177 HANDY OAK CIR. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. WILLIAM TIANELLO 1177 HANDY OAK CIR. WEST PALM BEACH, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. STANLEY KNOCK JR. 1093 HANDY OAK CIR. WEST PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OPERATOR STANLEY KNOCK JR. 1093 HANDY OAK CIR. WEST PALM BEACH, FL 33411	
12. 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 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 like empowered.					
SIGNATURE: <u>Robert Sieber</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/12/04</u> (561) Daytime Phone # <u>795-3361</u>		