2007 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Jan 08, 2007 8:00 am **Secretary of State** 01-08-2007 90247 033 ****61.25

DOCUMENT # N39980 OAK-LAND PARK MHP HOME OWNERS ASSOCIATION. INC. Principal Place of Business Mailing Address 1159 HANDY OAK CIR 1159 HANDY OAK CIRCLE WEST PALM BEACH, FL 33411 WEST PALM BEACH, FL 33411 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 01032007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 65-0243576 City & State Applied For Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIEBER, ROBERT 1165 HANDY OAK CIR Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH, FL 33411 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 Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Fiorida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TIFLE Change Delete TITLE ☐ Addition DECKELBOIM, DENISE NAME NAME STREET ADDRESS 1081 HANDY OAK CIR STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TIRE SIEBER ROBERT 1165 HANDY OAK CIR. ☐ Change ☐ Addition NAME SIEBER, ROBERT NAME STREET ADDRESS 1165 HANDY OAK CIR STREET ADDRESS PALM BRACH, FL. 33411 WEST CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY, ST. 7IP ☐ Change TITLE Delete Addition | TITLE SIGKER, BARBARA NAME NAME 1165 HANDY OAK CIRCLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SHAW, SHEILA NAME NAME STREET ADDRESS 1120 HANDY OAK CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-ZIP TITLE ☐ Delete Li Change TITLE S-D. ☐ Addition NAME WOOD, DAVID NAME STREET ADORESS 1062 HANDY OAK CIRCLE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33411 CITY-ST-71P TITLE Delete TITLE ☐ Change ☐ Addition NAME KNOLL, STANLEY JR NAME 1093 HANDY OAK CIRCLE STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33411 CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.

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Robot Sieba, newsurer.