

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39980

FILED
Jan 22, 2008
Secretary of State

Entity Name: OAK-LAND PARK MHP HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1159 HANDY OAK CIR
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

1159 HANDY OAK CIRCLE
WEST PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 65-0243576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIEBER, ROBERT
1165 HANDY OAK CIR
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DECKELBOIM, DENISE
Address: 1081 HANDY OAK CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD () Delete
Name: SIEBER, ROBERT
Address: 1165 HANDY OAK CIR
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: SHAW, SHEILA
Address: 1120 HANDY OAK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD () Delete
Name: WOOD, DAVID
Address: 1062 HANDY OAK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD () Delete
Name: KNOLL, STANLEY JR
Address: 1093 HANDY OAK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WOOD, DAVID
Address: 1062 HANDY OAK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD (X) Change () Addition
Name: SIEBER, BARBARA
Address: 1165 HANDY OAK CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SIEBER

TD

01/22/2008

Electronic Signature of Signing Officer or Director

Date