


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90015 046 ****61.25

DOCUMENT # N94000002093		
1. Entity Name OAKLAND PARK RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.		
Principal Place of Business 444 OAKLAND PARK BLVD 419 Nash Lane PORT ORANGE, FL 32127		Mailing Address P.O. BOX 0777 PORT ORANGE, FL 32129-0777

50000476



2. Principal Place of Business 419 Nash Lane Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 0777 Suite, Apt. #, etc.		02232006 Chg-NP CR2E037 (11/05)
City & State Port Orange, FL		City & State Port Orange		4. FEI Number 59-3238592 Applied For Not Applicable
Zip 32127	County Volusia	Zip 32127	County Volusia	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOX, ANNA M 419 NASH LANE PORT ORANGE, FL 32127		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Anna M. Fox, Treasurer* DATE *2/24/2006*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	NAME	PSTUYVENBERG, WILLIAM	TITLE	PD	NAME	Stephen COONEY
STREET ADDRESS		STREET ADDRESS	494 OAKLAND PARK BLVD	STREET ADDRESS		STREET ADDRESS	485 OAKLAND PARK BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	STD	NAME	FOX, ANNA M	TITLE	VPD	NAME	Michael F. Schwarz
STREET ADDRESS		STREET ADDRESS	419 NASH LANE	STREET ADDRESS		STREET ADDRESS	486 OAKLAND PARK BLVD
CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	D	NAME	BLACKMER, SANDRA	TITLE	S.D	NAME	Sadie E. BARNES
STREET ADDRESS		STREET ADDRESS	440 NASH LANE	STREET ADDRESS		STREET ADDRESS	462 NASH LANE
CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VPD	NAME	COONEY, STEPHEN M	TITLE	TD	NAME	Anna M. Fox
STREET ADDRESS		STREET ADDRESS	485 OAKLAND PARK BLVD	STREET ADDRESS		STREET ADDRESS	419 Nash Lane
CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	VPD	NAME	DOHMEN, SHERYL	TITLE	D	NAME	DOHMEN, SHERYL
STREET ADDRESS		STREET ADDRESS	6050 CENTRAL PARK BLVD.	STREET ADDRESS		STREET ADDRESS	6050 CENTRAL PARK BLVD.
CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP		CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: *Anna M. Fox, Treasurer* DATE *2/24/06* 386-322-3287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anna M. Fox