2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9400002093 1. Entity Name OAKLAND PARK RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.				02-28-2006 90015 046 ****61.25				
Principal Place of Business 444 OAKLAND PARK BLVD #19 Wash Lane PORT ORANGE, FL 32127 Mailing Address P.O. BOX 0777 PORT ORANGE, FL 32129-07			7777	4 (BANHAL AVS HRUK ACAU	500	00476	IANT NA 11NA	
2. Principal P 419 Suite, Apt.	lace of Business Nash Lawl #, etc.	3. Mailing Address P. D. BOX D 77' Suite, Apt. #, etc.	7	-				
Gity & State	Orange, Fl.	Port Orang	بعر	4. FEI Number 59-3238592	INF CRZ	_	plied For t Applicable	
Zip <u> </u>	A7 VOLUSIA 6. Name and Address of Current F	32127 V	Country O (USI'Q	Certificate of Status Name and Addres		\$8.75 Add Fee Required red Agent		
FOX, ANNA M 419 NASH LANE BORT OPANCE EL 20107			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)				
PORT ORANGE, FL 32127			City	City FL Zip Code				
 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. 							and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						6_		
 		по иле и вруждале. (NOTE: недал	tered Agent signature requir	ed when reinstating)	DA	те		
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaigr Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees		neck payable to		
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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.

Anna M. Fox

SIGNATURE: