


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000002093 1. Entity Name OAKLAND PARK RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business 419 NASH LN PORT ORANGE, FL 32127	Mailing Address P.O. BOX 0777 PORT ORANGE, FL 32129-0777
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3238592	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FOX, ANNA M 419 NASH LANE PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COONEY, STEPHEN 485 OAKLAND PARK BLVD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHWARTZ, MICHAEL F 486 OAKLAND PARK BLVD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNES, SADIE E 462 NASG LN PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOX, ANNA M 419 NASH LN PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOHMENS, SHERYL 6050 CENTRAL PARK BLVD. PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000580288
01/10/07-80041-017 61.25

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	1/5/07 <small>Date</small>	386-322-3237 <small>Daytime Phone #</small>
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