

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2008 8:00 am**  
**Secretary of State**

05-14-2008 90017 020 \*\*\*\*70.00

**DOCUMENT # N94000002093**

1. Entity Name

**OAKLAND PARK RESIDENTIAL HOMEOWNER'S  
ASSOCIATION, INC.**



Principal Place of Business

**419 NASH LN  
PORT ORANGE FL 32127**

Mailing Address

**P.O. BOX 0777  
PORT ORANGE FL 32129-0777**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3238592**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$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

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 if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME COONEY, STEPHEN  
STREET ADDRESS 485 OAKLAND PARK BLVD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE VPD ☒ Delete  
NAME SCHWARTZ, MICHAEL F  
STREET ADDRESS 486 OAKLAND PARK BLVD  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE SD ☒ Delete  
NAME BARNES, SADIE E  
STREET ADDRESS 462 NASH LN  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE TD ☐ Delete  
NAME FOX, ANNA M  
STREET ADDRESS 419 NASH LN  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☒ Delete  
NAME DOHMENS, SHERYL  
STREET ADDRESS 6050 CENTRAL PARK BLVD.  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Sadie Barnes  
STREET ADDRESS 462 Nash Lane  
CITY-ST-ZIP Port Orange, Fl. 32127

TITLE VPD ☒ Change ☐ Addition  
NAME Steve Cooney  
STREET ADDRESS 485 Oakland PK. Blvd.  
CITY-ST-ZIP Port Orange, Fl. 32127

TITLE SD ☒ Change ☐ Addition  
NAME Cathy Anderson  
STREET ADDRESS 486 Oakland Park Blvd.  
CITY-ST-ZIP Port Orange, Fl. 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Change ☐ Addition  
NAME Bill Stuyrenberg  
STREET ADDRESS 494 Oakland Park Blvd.  
CITY-ST-ZIP Port Orange, Fl. 32127

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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*

4/24/08

386-322-3237