2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N94000002093

Entity Name: OAKLAND PARK RESIDENTIAL HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

419 NASH LN
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 0777
PORT ORANGE, FL 321290777

New Mailing Address:

FEI Number: 59-3238592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOX, ANNA M
419 NASH LANE
PORT ORANGE, FL 32127 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: PD ( ) Delete
Name: BARNES, SADIE
Address: 462 WASH LANE
City-St-Zip: PORT ORANGE, FL 32127

Title: VPD ( ) Delete
Name: COOHEY, STEVE
Address: 485 OAKLAND PK. BLVD.
City-St-Zip: PORT ORANGE, FL 32127

Title: SD ( ) Delete
Name: ANDERSON, CATHY
Address: 480 OAKLAND PARK BLVD.
City-St-Zip: PORT ORANGE, FL 32127

Title: TD (X) Delete
Name: FOX, ANNA M
Address: 419 NASH LN
City-St-Zip: PORT ORANGE, FL 32127

Title: D (X) Delete
Name: STUYVENBERG, BILL
Address: 494 OAKLAND PARK BLVD.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BARNES, SADIE
Address: 462 NASH LANE
City-St-Zip: PORT ORANGE, FL 32127

Title: TD (X) Change ( ) Addition
Name: COONEY, STEVE
Address: 485 OAKLAND PK. BLVD.
City-St-Zip: PORT ORANGE, FL 32127

Title: VPSD (X) Change ( ) Addition
Name: FOX, ANNA M
Address: .419 NASH LANE
City-St-Zip: PORT ORANGE, FL 32127

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

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

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: ANNA M. FOX VPSD 03/27/2009
Electronic Signature of Signing Officer or Director — Date