2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002093

FILED Jun 27, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

460 NASH LN 421 NASH LN

PORT ORANGE, FL 32127 PORT ORANGE, FL 32127

Current Mailing Address: New Mailing Address:

P.O. BOX 0777 P.O. BOX 0777

PORT ORANGE, FL 321290777 PORT ORANGE, FL 32129

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHAW, GREGORY BRANCH-HAGER, MRYNA

419 NÁSH LANE 421 NASH LANE

PORT ORANGE, FL 32127 US PORT ORANGE, FL 32127 US

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: MYRNA BRANCH-HAGER 06/27/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: BRANCH-HAGER, MRYNA

Address: 421 NASH LANE

City-St-Zip: PORT ORANGE, FL 32127 US

Title: VPD

Name: ANDERSON, DONALD
Address: 780 OAKLAND PARK BLVD.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: SD

 Name:
 DOHMEN, SHERYL L

 Address:
 6050 CENTRAL PARK BLVD.

 City-St-Zip:
 PORT ORANGE, FL 32127 US

Title: TD

Name: PRAHTER, BEVERLY

Address: 458 PENDREY

City-St-Zip: PORT ORANGE, FL 32127 US

Title: [

Name: BLACKMER, SANDI Address: 440 NASH LANE

City-St-Zip: PORT ORANGE, FL 32127 US

I hereby 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 all other like empowered.

SIGNATURE: SHERYL L DOHMEN S 06/27/2012