

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90092 026 ****61.25

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1. Corporation Name

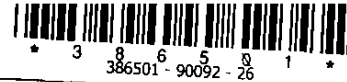
OAKLAND PARK NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

701 BEACH CT
FT PIERCE FL 34950

Mailing Address

701 BEACH CT
FT PIERCE FL 34950



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/14/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0745560

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BICHT, CHARLES L SR
701 BEACH CT
FT PIERCE FL 34950

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME NORTHRUP, BEVERLY
STREET ADDRESS 706 8TH ST.
CITY-ST-ZIP FT. PIERCE FL 34950

1.1 TITLE V/D
1.2 NAME BICHT, CHARLES
1.3 STREET ADDRESS 701 BEACH CT.
1.4 CITY-ST-ZIP FT. PIERCE FL 34950

☒ Change ☐ Addition

TITLE TD ☐ DELETE
NAME BERGER, BETTY
STREET ADDRESS 602 S 9TH
CITY-ST-ZIP FT. PIERCE FL 34950

2.1 TITLE S/D
2.2 NAME SONJA PHILLIPS
2.3 STREET ADDRESS 504 S 9TH ST.
2.4 CITY-ST-ZIP FT. PIERCE, FL 34950

☐ Change ☒ Addition

TITLE VD ☒ DELETE
NAME JONES, JIM
STREET ADDRESS 712 BEACH CT
CITY-ST-ZIP FT PIERCE FL 34950

3.1 TITLE T/D
3.2 NAME BERGER, BETTY
3.3 STREET ADDRESS 602 S 9TH ST
3.4 CITY-ST-ZIP FT. PIERCE FL 34950

☐ Change ☐ Addition

TITLE PD ☐ DELETE
NAME BICHT, CHARLES
STREET ADDRESS 701 BEACH CT
CITY-ST-ZIP FT PIERCE FL 34950

4.1 TITLE P/D
4.2 NAME JEFF MONT PETIT
4.3 STREET ADDRESS 604 DELAWARE AVE.
4.4 CITY-ST-ZIP FT. PIERCE FL 34950

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Bicht
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 (561) 462-1700
Date Daytime Phone #

CR2E037-11/98

0074945