


FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90092 029 ****61.25

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

DOCUMENT # N98000000788 1. Entity Name OVERLAND PARK HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 920 THIRD ST STE B NEPTUNE BEACH, FL 32266 US		Mailing Address 920 THIRD ST STE B NEPTUNE BEACH, FL 32266 US
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
Country		Country
6. Name and Address of Current Registered Agent WALLACE, DENISE L 920 THIRD ST STE B NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
4. FEI Number 59-3496050		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Signature, typed or printed name of registered agent and title if applicable <small>(NOTE: Registered Agent signature required when reissuing)</small>		DATE
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		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD	NAME LASSITER-TAYLOR, DERRI	<input type="checkbox"/> Delete
STREET ADDRESS 7049 PROSPERITY PARK RD E	CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME JONES, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS 7402 OVERLAND PARK BLVD	CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	NAME HILL, FREDDIE	<input type="checkbox"/> Delete
STREET ADDRESS 7410 HIGH BLUFF RD N	CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AVD	NAME ATKINSON, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS 7355 HIGH BLUFF RD N	CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME SALES, LAMAR	<input type="checkbox"/> Delete
STREET ADDRESS 7427 EDENFIELD PARK RD	CITY-ST-ZIP JACKSONVILLE, FL 32244	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS NAME	<input type="checkbox"/> Delete
CITY-ST-ZIP	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Denise Lassiter Taylor / Derri Lassiter-Taylor</i>		Date: <i>4/4/07</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <i>(904) 799-3585</i>

40073122



03272007 Chg-NP CR2E037 (12/06)