

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000788

FILED
Mar 24, 2009
Secretary of State

Entity Name: OVERLAND PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

920 THIRD ST
STE B
NEPTUNE BEACH, FL 32266 US

New Principal Place of Business:

Current Mailing Address:

920 THIRD ST
STE B
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-3496050 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALLACE, DENISE L
920 THIRD ST
STE B
NEPTUNE BEACH, FL 32266 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: AVD () Delete
Name: NELSON, JOHNSON
Address: 7339 EDENFIELD PARK ROAD
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: RICHARDS, CARLA
Address: 7169 OVERLAND PARK BLVD E
City-St-Zip: JACKSONVILLE, FL 32244

Title: PD () Delete
Name: HILL, FREDDIE
Address: 7410 HIGH BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD () Delete
Name: ATKINSON, ROBERT
Address: 7355 HIGH BLUFF RD N
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: L. DENISE WALLACE

RA

03/24/2009

Electronic Signature of Signing Officer or Director

_____ Date