


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90056 012 ****61.25

DOCUMENT # N98000001030			
1. Entity Name OAK PARK OF WINTER GARDEN HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 200 MELJANE DR WINTER GARDEN FL 34787		Mailing Address P O BOX 770105 WINTER GARDEN FL 34777-0105 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3510625		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent WIGGINGTON, DONALD 200 MELJANE DR WINTER GARDEN FL 34787		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Donald W. Wigginton* DATE: 4-7-07

Signature, typed or printed name of registered agent and, when applicable, (NOTE: Registered Agent signature required when revalidating)

FILE NOW: 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD	<input checked="" type="checkbox"/> Delete	TITLE: PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BORGER, TODD		NAME: DONALD WIGGINGTON	
STREET ADDRESS: 214 MELJANA DR		STREET ADDRESS: 200 MELJANE DR	
CITY-ST-ZIP: WINTER GARDEN FL 34787		CITY-ST-ZIP: WINTER GARDEN, FL 34787	
TITLE: VP	<input type="checkbox"/> Delete	TITLE: DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: NUNES, JOSEPH		NAME: SUZANNE HEATHERMAN	
STREET ADDRESS: 647 STEVELYNN CIR		STREET ADDRESS: 225 CLACYN CT.	
CITY-ST-ZIP: WINTER GARDEN FL 34787		CITY-ST-ZIP: WINTER GARDEN, FL 34787	
TITLE: VP	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KIDD, GREGG		NAME: YVETTE MORRISEHE	
STREET ADDRESS: 706 STEVELYNN CIR		STREET ADDRESS: 616 STEVELYNN CIR	
CITY-ST-ZIP: WINTER GARDEN FL 34787		CITY-ST-ZIP: WINTER GARDEN, FL 34787	
TITLE: T/S	<input type="checkbox"/> Delete	TITLE: DIRECTOR / ARB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WIGGINGTON, JANICE		NAME: POLLY NUNES	
STREET ADDRESS: 2300 MELJANE DR.		STREET ADDRESS: 647 STEVELYNN CIR	
CITY-ST-ZIP: WINTER GARDEN FL 34787		CITY-ST-ZIP: WINTER GARDEN, FL 34787	
TITLE: D	<input checked="" type="checkbox"/> Delete	TITLE: ARB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: LAMBERT, SHARON		NAME: LESLIE HELLER	
STREET ADDRESS: 749 STEVELYNN CIR		STREET ADDRESS: 218 CLACYN CT.	
CITY-ST-ZIP: WINTER GARDEN FL 34787		CITY-ST-ZIP: WINTER GARDEN, FL 34787	
TITLE: DARB	<input checked="" type="checkbox"/> Delete	TITLE: DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KIDD, JENNIFER		NAME: LISA RAMOTAR	
STREET ADDRESS: 706 STEVELYNN CIR		STREET ADDRESS: 628 STEVELYNN CIR	
CITY-ST-ZIP: WINTER GARDEN FL 34787		CITY-ST-ZIP: WINTER GARDEN, FL 34787	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Donald W. Wigginton* DATE: 4-7-07 DAYTIME PHONE #: 407-656-3385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR