

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90019 045 \*\*\*\*61.25

<b>DOCUMENT # 729825</b> 1. Entity Name <b>OAK LAKE PARK I CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1960 UNION ST UNIT 43 CLEARWATER, FL 33763</b>			Mailing Address <b>1960 UNION ST UNIT 43 CLEARWATER, FL 33763</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>40347 US 19 N, Ste 229</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Tarpon Springs, Florida</b>			
Zip	Country	Zip <b>34689</b>	Country <b>USA</b>	4. FEI Number <b>NOT APPLICABLE 59-1576268</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARTHUR, JAMES B 1960 UNION ST #7 CLEARWATER, FL 33763</b>			7. Name and Address of Now Registered Agent Name <b>Ranallo, Jim</b> Street Address (P.O. Box Number is Not Acceptable) <b>40347 US 19 N, Ste 229</b> City <b>Tarpon Springs</b> <b>FL</b> Zip Code <b>34689</b>		
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 <u><i>Jim Ranallo</i></u> <b>ccam Jim Ranallo ccam</b> <span style="float: right;">3/5/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ARTHUR, JAMES 1960 UNION ST #7 CLEARWATER, FL 33763	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUCKEY, BEA 1960 Union St #11 Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREER, JEFFREY 1960 UNION ST #26 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GILMORE, RANDY 1960 Union St #22 Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS GREER, MARCIA 1960 UNION ST #26 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Haskins, Pat 1960 Union St #19 Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURRY, NANCY 1960 UNION ST #5 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORBIN, BETH 1960 Union St #4 Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FAIRMAN, HAROLD 1960 UNION ST 328 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSHER, DEBBIE 1960 Union St #9 Clearwater, FL 33763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEARCE, STEVE 1960 UNION ST #6 CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b> <u><i>Jim Ranallo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/5/07 <span style="float: right;">727-938-7730</span> <small>Date Daytime Phone #</small>	