


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90026 043 ****61.25

DOCUMENT # 744824
 1. Entity Name
OAK LAKE PARK II, INC., A CONDOMINIUM



Principal Place of Business
 1960 UNION STREET
 BOX 44
 CLEARWATER, FL 33763

Mailing Address
 1960 UNION STREET
 BOX 44
 CLEARWATER, FL 33763



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1884795 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
FERRY, MONICA M. MONICA M.
 1960 UNION ST.
 APT 28
 CLEARWATER, FL 33763

7. Name and Address of New Registered Agent
 Name **FERRY, MONICA M. SAMS**
 Street Address (P.O. Box Number is Not Acceptable) **(SAME)**
(SAME)
 City **(SAME)** **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution:

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	FERRY, STEVEN M	
STREET ADDRESS	1960 UNION ST APT 28	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FERRY, MONICA M	
STREET ADDRESS	1960 UNION ST #28	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LUNDEN, ALLI	
STREET ADDRESS	1960 UNION ST #30	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNSON, DAWN	
STREET ADDRESS	1960 UNION ST #30	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: MONICA M FERRY MONICA M. FERRY 1/24/2005 727-738-1592