


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2008 08:00 A
Secretary of State

DOCUMENT # 744824 1. Entity Name OAK LAKE PARK II, INC., A CONDOMINIUM	
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Principal Place of Business 1960 UNION STREET BOX 44 CLEARWATER FL 33763	Mailing Address 1960 UNION STREET BOX 44 CLEARWATER FL 33763
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 59-1884795	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent FERRY, MONICA M 1960 UNION ST. APT 28 CLEARWATER FL 33763	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 re-registering) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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 AGER, KEVIN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1960 UNION ST APT 27	NAME	
STREET ADDRESS	CLEARWATER FL 33763	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	000000817191 02/14/08-80082-025 61.25
TITLE	STD FERRY, MONICA M <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1960 UNION ST #28	NAME	
STREET ADDRESS	CLEARWATER FL 33763	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD ZHUTAJ, ARBEN <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1960 UNION ST # 30	NAME	
STREET ADDRESS	CLEARWATER FL 33763	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	MD BUTTWEILER, KENT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1960 UNION STREET # 31	NAME	
STREET ADDRESS	CLEARWATER FL 33763	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Monica M Ferry *Monica M. Ferry 2/8/08 (727) 738-1592*