


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90096 020 ****61.25

DOCUMENT # N02000003655					
1. Entity Name OAK PARK TOWNHOMES OWNERS ASSOCIATION, INC.					
Principal Place of Business 962 SCENIC OAK LANE FORT WALTON BEACH, FL 32547-4973			Mailing Address P O BOX 1164 MARY ESTHER, FL 32569		
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
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KROST, KENNETH 4436 WINDWARD LN NICEVILLE, FL 32578				Name	
				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing 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					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KROST, KENNETH	NAME			
STREET ADDRESS	4436 WINDWARD LANE COVE	STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE, FL 32578	CITY-ST-ZIP			
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KLINCIK, AMY M	NAME			
STREET ADDRESS	231 TRISH DRIVE	STREET ADDRESS			
CITY-ST-ZIP	CRESTVIEW, FL 32536	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDRY, CARISSA	NAME			
STREET ADDRESS	951 SCENIC OAK LANE	STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEILER, FREDERICK W JR	NAME			
STREET ADDRESS	952 SCENIC OAK LANE	STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MURPHY, FRANCES L	NAME			
STREET ADDRESS	976 SCENIC OAK LANE	STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547	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 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.					
SIGNATURE: <u>Amy M. Klinick</u>		Date: <u>01/24/07</u>		Daytime Phone #: <u>850-423-0635</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01122007 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

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