

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003655

FILED
Feb 09, 2009
Secretary of State

Entity Name: OAK PARK TOWNHOMES OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

962 SCENIC OAK LANE
FORT WALTON BEACH, FL 325474973

New Principal Place of Business:

Current Mailing Address:

P O BOX 1164
MARY ESTHER, FL 32569

New Mailing Address:

FEI Number: 20-8510975 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROST, KENNETH
4436 WINDWARD LN
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KROST, KENNETH
Address: 4436 WINDWARD LANE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: VS () Delete
Name: KLINCIK, AMY M
Address: 231 TRISH DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: HEILER, FREDERICK W JR
Address: 952 SCENIC OAK LANE
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: D () Delete
Name: BLURTON, STEVE
Address: 639 INGLIS DR
City-St-Zip: MARIETTA, GA 30067

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: KROST, KENNETH
Address: 4436 WINDWARD LANE COVE
City-St-Zip: NICEVILLE, FL 32578

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: BLURTON, STEVE
Address: 639 INGLIS DR
City-St-Zip: MARIETTA, GA 30067

Title: D () Change (X) Addition
Name: BLURTON, KAREN
Address: 639 INGLIS DR
City-St-Zip: MARIETTA, GA 30067

Title: D () Change (X) Addition
Name: KLINCIK, NORBERT
Address: 364 E PINE LAKE CIR
City-St-Zip: VERNONN HILLS, IL 60061

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY M KLINCIK

VS

02/09/2009

Electronic Signature of Signing Officer or Director

_____ Date