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**Secretary of State**

04-22-1999 90092 026 \*\*\*\*61.25

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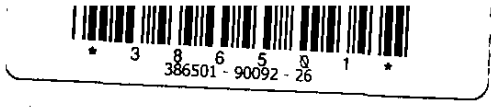
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N97000001536

1. Corporation Name  
**OAKLAND PARK NEIGHBORHOOD ASSOCIATION, INC.**



Principal Place of Business: 701 BEACH CT FT PIERCE FL 34950  
 Mailing Address: 701 BEACH CT FT PIERCE FL 34950

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/14/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0745560 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BICHT, CHARLES L SR 701 BEACH CT FT PIERCE FL 34950		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME NORTHROP, BEVERLY STREET ADDRESS 706 8TH ST. CITY-ST-ZIP FT. PIERCE FL 34950	<input checked="" type="checkbox"/> DELETE	1.1 TITLE V/D 1.2 NAME BICHT, CHARLES 1.3 STREET ADDRESS 701 BEACH CT. 1.4 CITY-ST-ZIP FT. PIERCE FL 34950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME BERGER, BETTY STREET ADDRESS 602 S 9TH CITY-ST-ZIP FT. PIERCE FL 34950	<input type="checkbox"/> DELETE	2.1 TITLE S/D 2.2 NAME SONJA PHILLIPS 2.3 STREET ADDRESS 504 S 9TH ST. 2.4 CITY-ST-ZIP FT. PIERCE, FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME JONES, JIM STREET ADDRESS 712 BEACH CT CITY-ST-ZIP FT PIERCE FL 34950	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T/D 3.2 NAME BERGER, BETTY 3.3 STREET ADDRESS 602 S 9TH ST 3.4 CITY-ST-ZIP FT. PIERCE FL 34950	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BICHT, CHARLES STREET ADDRESS 701 BEACH CT CITY-ST-ZIP FT PIERCE FL 34950	<input type="checkbox"/> DELETE	4.1 TITLE P/D 4.2 NAME JEFF MONTPETIT 4.3 STREET ADDRESS 604 DELAWARE AVE. 4.4 CITY-ST-ZIP FT. PIERCE FL 34950	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like employed.

SIGNATURE: Charles L Bicht 4/14/99 (561) 462-1700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037-1(1/98)