

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000066

**FILED  
Apr 20, 2007  
Secretary of State**

**Entity Name:** OAK POINT HOME OWNERS' ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

1005 NORTH 12TH AVENUE  
PENSACOLA, FL 32503

**New Principal Place of Business:**

**Current Mailing Address:**

1005 NORTH 12TH AVENUE  
PENSACOLA, FL 32503

**New Mailing Address:**

FEI Number: 03-0501335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCALPIN, BRUCE E  
1704 OSCEOLA BLVD  
PENSACOLA, FL 32503 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: PSTD ( ) Delete  
Name: MCALPIN, BRUCE  
Address: 1704 OSCEOLA BLVD  
City-St-Zip: PENSACOLA, FL 32503

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE MCALPIN

PSTD

04/20/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date