
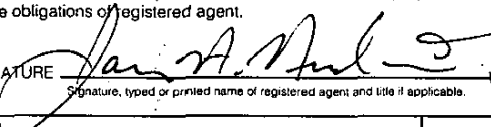
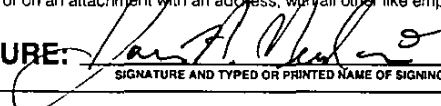


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90005 018 ****70.00

DOCUMENT # N03000010498					
1. Entity Name OAK POINTE BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 880 AIRPORT RD SUITE 108 ORMOND BEACH, FL 32174		Mailing Address 880 AIRPORT RD SUITE 108 ORMOND BEACH, FL 32174		50002484	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 20-0449446	
Zip		Country USA		Applied For Not Applicable	
Zip		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEWSLOW, JAMES A III 880 AIRPORT RD SUITE 108 ORMOND BEACH, FL 32174				Name SAME	
				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  PRESIDENT				01/11/05	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fee is \$61.25 Due by May 1, 2005		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	PD	<input type="checkbox"/> Delete	TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWSLOW, JAMES A III		NAME	NEWSLOW, JAMES A. III	
STREET ADDRESS	100 BUSINESS CENTER DR #10		STREET ADDRESS	880 AIRPORT RD., STE. 108	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, GUY		NAME	BARRETTE, GUY	
STREET ADDRESS	100 BUSINESS CENTER DR #10		STREET ADDRESS	880 AIRPORT RD., STE. 109	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENINCASA, ROBERT		NAME	EMMENS, MATTHEW W.	
STREET ADDRESS	100 BUSINESS CENTER DR #10		STREET ADDRESS	880 AIRPORT RD., STE. 103	
CITY-ST-ZIP	ORMOND BEACH, FL 32174		CITY-ST-ZIP	ORMOND BEACH, FL 32174	
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		
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 exemption stated in Section 119.07(3)(i), 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: 				JAMES A. NEWSLOW, III 01/11/05 (386) 671-6462	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	