

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 03, 2006  
Secretary of State**

DOCUMENT# N03000010498

Entity Name: OAK POINTE BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

880 AIRPORT RD  
SUITE 108  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

880 AIRPORT RD  
SUITE 108  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 20-0449446      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

NEWSLOW, JAMES A III  
880 AIRPORT RD  
SUITE 108  
ORMOND BEACH, FL 32174 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: NEWSLOW, JAMES A III  
Address: 880 AIRPORT RD., STE 108  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD ( ) Delete  
Name: BARRETTE, GUY  
Address: 880 AIRPORT RD., STE 109  
City-St-Zip: ORMOND BEACH, FL 32174

Title: STD ( ) Delete  
Name: EMMENS, MATTHEW W  
Address: 880 AIRPORT RD., STE 103  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

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: JAMES A. NEWSLOW, III

PD

01/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date