

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25006

FILED
Mar 13, 2007
Secretary of State

Entity Name: OAK POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

5 OAK POINT DRIVE
AMELIA ISLAND, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

5 OAK POINT DRIVE
AMELIA ISLAND, FL 32034 US

New Mailing Address:

FEI Number: 59-2936282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALLEN, MICHAEL
5 OAK POINT DRIVE
AMELIA ISLAND, FL 32034 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: BARG, JEFFREY
Address: 9 OAK POINT CIRCLE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: TD () Delete
Name: PALLEN, MICHAEL
Address: 5 OAK POINT DR
City-St-Zip: AMELIA ISLAND, FL 32034

Title: S () Delete
Name: DUNLEAVY, VICKI
Address: 9 OAKPOINT DR
City-St-Zip: AMELIA ISLAND, FL 32034

Title: VPD () Delete
Name: CHRISTENSEN, BARBARA
Address: 11 OAK POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: BRADDOCK, WILLIAM
Address: 14 OAKPOINT DR
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: DUNLEAVY, DAN
Address: 9 OAK POINT DR
City-St-Zip: AMELIA ISLAND, FL 32034

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:

Title: VPD (X) Change () Addition
Name: CHRISTENSEN, GARY
Address: 11 OAK POINT DRIVE
City-St-Zip: AMELIA ISLAND, FL 32034

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: MICHAEL PALLEN

TD

03/13/2007

Electronic Signature of Signing Officer or Director

Date