## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25006

FILED Jaņ 06, 2<u>012</u> Secretary of State

Date

Entity Name: OAK POINT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

9 OAK POINT DRIVE

AMELIA ISLAND, FL 32034 US

**Current Mailing Address: New Mailing Address:** 

9 OAK POINT DRIVE

AMELIA ISLAND, FL 32034 US

FEI Number: 59-2936282 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DUNLEAVY, DAN 9 OAK POINT DRIVE

AMELIA ISLAND, FL 32034 US

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

## **OFFICERS AND DIRECTORS:**

BRADDOCK, BILL Name: Address: 20 OAK POINT DRIVE City-St-Zip: AMELIA ISLAND, FL 32034

Title: TD

Name: DUNLEAVY, DAN Address: 9 OAK POINT DR City-St-Zip: AMELIA ISLAND, FL 32034

Title: SEC

LESHER, MARY Name: Address: 16 OAKPOINT DR City-St-Zip: AMELIA ISLAND, FL 32034

Title: **VPD** 

Name: QUILL, KEVIN

12 OAK POINT CIRCLE Address: City-St-Zip: AMELIA ISLAND, FL 32034

Title:

TUNNO, BOB Name:

7 OAK POINT CIRCLE Address: AMELIA ISLAND, FL 32034 City-St-Zip:

Title:

CHRISTENSEN, BARBARA Name: Address: 11 OAK POINT DRIVE AMELIA ISLAND, FL 32034 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: DANIEL DUNLEAVY **TRE** 01/06/2012