


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

**FILED**  
**Feb 08, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N48453  
1. Entity Name  
OAKWATER POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business  
3539 OAKWATER POINTE DR  
ORLANDO, FL 32812

Mailing Address  
3539 OAKWATER POINTE DR  
ORLANDO, FL 32812



02052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3136856

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
WINSHIP, DENNIS  
3539 OAKWATER POINTE DR  
ORLANDO, FL 32812

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000628355  
02/16/07-80012-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DEIKE, SHANE 3598 EMERYWOOD LN ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPD PORTERFIELD, KIMBERLY 3524 OAKWATER POINTE DR. ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD DUROCHER, ROSEMARY 3563 EMERYWOOD LN ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WINSHIP, DENNIS 3539 OAKWATER POINTE DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAVIS, KATHERINE 3417 OAKWATER POINTE DR ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D DAVIS, CRAIG 3505 OAKWATER POINTE DR. ORLANDO, FL 32812

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Dennis Winship Date: 2/6/07 Daytime Phone #: 407-356-0811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR