

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48453

FILED
Mar 05, 2009
Secretary of State

Entity Name: OAKWATER POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3539 OAKWATER POINTE DR
ORLANDO, FL 32812

New Principal Place of Business:

Current Mailing Address:

3539 OAKWATER POINTE DR
ORLANDO, FL 32812

New Mailing Address:

FEI Number: 59-3136856

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINSHIP, DENNIS
3539 OAKWATER POINTE DR
ORLANDO, FL 32812 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: SANTANA, MICHAEL
Address: 3562 EMERYWOOD LN
City-St-Zip: ORLANDO, FL 32812

Title: VPD () Delete
Name: DAVIS, CRAIG
Address: 3505 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: DUROCHER, ROSEMARY
Address: 3563 EMERYWOOD LN
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: WINSHIP, DENNIS
Address: 3539 OAKWATER POINTE DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: DAVIS, KATHERINE
Address: 3417 OAKWATER POINTE DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: DAVIS, CRAIG
Address: 3505 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DAVIS, CRAIG
Address: 3505 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL 32812

Title: VPD (X) Change () Addition
Name: WILEN, RANDALL
Address: 3477 OAKWATER POINTE DR.
City-St-Zip: ORLANDO, FL 32812

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

I hereby certify that the information supplied with this filing does not qualify 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: DENNIS WINSHIP

TD

03/05/2009

Electronic Signature of Signing Officer or Director

Date