

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000001961 (2)
1. Corporation Name
OAKPOINT HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 388 CYPRESS LANDING DR. LONGWOOD FL 32779-2603 US	Mailing Address 388 CYPRESS LANDING DR. LONGWOOD FL 32779-2603 US
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3. Date Incorporated or Qualified 04/30/1993	3a. Date of Last Report 01/24/1996
4. FEI Number 59-3182290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Post office Box 825 Suite, Apt #, etc.	2a. Mailing Address 26 388 Cypress Landing Dr Suite, Apt #, etc.
22 City & State 23 Davenport	27 City & State 28 Longwood FL
24 Zip 33858-0825 25 Country	29 Zip 32779-2603 30 Country

9. Name and Address of Current Registered Agent PIGOZZI, WILLIAM D 388 CYPRESS LANDING DR. LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name William D. Pigozzi / Oakpoint Homeowners 82 Street Address (P.O. Box Number is Not Acceptable) Association, Inc. 83 84 City Davenport FL 85 Zip Code 33858-0825
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **William D. Pigozzi, President** DATE **2/26/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIGOZZI, WILLIAM D		1.2 NAME	
STREET ADDRESS 388 CYPRESS LANDING DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		1.4 CITY-ST-ZIP	
TITLE VSTD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUNE, ROHLAND A. I		2.2 NAME	
STREET ADDRESS 71 E. CHURCT ST., STE. 200		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEDELHOFF, GARY S.		3.2 NAME	
STREET ADDRESS 237 OAKPOINT CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP DAVENPORT FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:  **William D. Pigozzi, President** DATE **2/26/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E037 (9/96)