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FILED
Jun 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. [redacted]
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: 04/30/1993
4. FEI Number: 59-3182290
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 432 Oakpoint Circle 23 Davenport, Florida 24 33837-8691 25 USA
2a. Mailing Address: 26 P. O. BOX 825 27 Suite, Apt. #, etc. 28 LOUGHMAN, FLORIDA 29 33858 30 USA

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: Barbara W. Worden 82 Street Address (P.O. Box Number is Not Acceptable): 432 Oakpoint Circle 83 84 City: Davenport FL 85 Zip Code: 33837-8691

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: *Barbara W. Worden* BARBARA W. WORDEN 3/16/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PIGOZZI, WILLIAM D	
STREET ADDRESS	388 CYPRESS LANDING DR.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE
NAME	JUNE, ROHLAND A. I	
STREET ADDRESS	71 E. CHURCT ST., STE. 200	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	GEDELHOFF, GARY S.	
STREET ADDRESS	237 OAKPOINT CIRCLE	
CITY-ST-ZIP	DAVENPORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOSTER, JAMES	
1.3 STREET ADDRESS	717 OAKPOINT CIRCLE	
1.4 CITY-ST-ZIP	DAVENPORT, FL 33837-8691	
2.1 TITLE	V/P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DEUBLER, YVONNE	
2.3 STREET ADDRESS	738 OAKPOINT CIRCLE	
2.4 CITY-ST-ZIP	DAVENPORT, FL 33837-8691	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S/T/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WORDEN, BARBARA W.	
3.3 STREET ADDRESS	432 OAKPOINT CIRCLE	
3.4 CITY-ST-ZIP	DAVENPORT, FL 33837-8691	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I 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 changed, or on an attachment with an address.

SIGNATURE: *Barbara W. Worden* BARBARA W. WORDEN 3/16/98 407-566-3010

CR2E037 (10/97)