


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90100 050 \*\*\*\*61.25

DOCUMENT # N93000001961 1. Entity Name OAKPOINT HOMEOWNERS' ASSOCIATION, INC.	
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Principal Place of Business 523 OAKPOINT CIRCLE DAVENPORT, FL 33837-8691 US	Mailing Address PO BOX 825 LOUGHMAN, FL 33858
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**50028451**



03152005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3182290	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent VERNON, JACQUELINE L 523 OAKPOINT CIRCLE DAVENPORT, FL 33837-8691	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HURST, MARC 207 OAKPOINT CIRCLE DAVENPORT, FL 338378691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, RICHARD 636 OAKPOINT CIRCLE DAVENPORT, FL 338378691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VERNON, JACQUELINE L 523 OAKPOINT CIRCLE DAVENPORT, FL 338378691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHIPPLE, DEBRA 115 OAKPOINT PLACE DAVENPORT, FL 338378691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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: Debra A Whipple, Treasurer 3-15-05 407-390-5181  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #