

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001961

FILED  
Aug 24, 2006  
Secretary of State

Entity Name: OAKPOINT HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

523 OAKPOINT CIRCLE  
DAVENPORT, FL 338378691 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 825  
LOUGHMAN, FL 33858

**New Mailing Address:**

FEI Number: 59-3182290      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

VERNON, JACQUELINE L  
523 OAKPOINT CIRCLE  
DAVENPORT, FL 338378691 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: VPD ( ) Delete  
Name: HURST, MARC  
Address: 207 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 338378691 US

Title: PD ( ) Delete  
Name: ACKERMAN, RICHARD  
Address: 636 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 338378691

Title: ST ( ) Delete  
Name: VERNON, JACQUELINE L  
Address: 523 OAKPOINT CIRCLE  
City-St-Zip: DAVENPORT, FL 338378691

Title: TD ( ) Delete  
Name: WHIPPLE, DEBRA  
Address: 115 OAKPOINT PLACE  
City-St-Zip: DAVENPORT, FL 338378691

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: DEBRA L. WHIPPLE

TD

08/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date