

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001961

FILED
Jan 13, 2007
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 ()

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

01/13/2007

Electronic Signature of Signing Officer or Director

_____ Date