

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005331

FILED  
Feb 17, 2006  
Secretary of State

**Entity Name:** OAK POINT PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

404 SABLE OAK DRIVE  
VERO BEACH, FL 32963 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 64-3038  
VERO BEACH, FL 32964 US

**New Mailing Address:**

**FEI Number:** 65-0541288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOLESTA, THOMAS  
404 SABLE OAK DRIVE  
VERO BEACH, FL 32963 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: DPT ( ) Delete  
Name: MOLESTA, THOMAS  
Address: 404 SABLE OAK DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: DVS ( ) Delete  
Name: WHARTON-BICKLEY, STEVENS  
Address: 800 ANDREWS AVE., NORTH WATERWAY #12  
City-St-Zip: DELRAY BEACH, FL 33483

Title: D ( ) Delete  
Name: MOLESTA, GAIL  
Address: 404 SABLE OAK DRIVE  
City-St-Zip: VERO BEACH, FL 32963

**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:

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: GAIL P MOLESTA

D

02/17/2006

Electronic Signature of Signing Officer or Director

Date