

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005331

FILED
Apr 22, 2008
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:

3715 - 3790 7TH TERRACE
VERO BEACH, FL 32960 US

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:

MOLESTA, THOMAS
626 21ST ST
VERO BEACH, FL 32960 US

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: THOMAS MOLESTA

04/22/2008

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: DPT (X) Change () Addition
Name: MOLESTA, THOMAS
Address: 626 21ST ST
City-St-Zip: VERO BEACH, FL 32960

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOLESTA, GAIL
Address: 626 21ST ST
City-St-Zip: VERO BEACH, FL 32960

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS MOLESTA

DPT

04/22/2008

Electronic Signature of Signing Officer or Director

Date