


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90078 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N96000002461		
1. Corporation Name OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 4083 OAK POINTE DR GULF BREEZE FL 32561 US	Mailing Address P.O. BOX 746 GULF BREEZE FL 32562	

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 601 S. Palafox Street	26 Post Office Box 12725	05/03/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3397142
City & State	City & State	5. Certificate of Status Desired
23 Pensacola, FL	28 Pensacola, FL	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	6. Election Campaign Financing Trust Fund Contribution
24 32501 25 USA	29 32575 30 USA	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VAN MATRE, THOMAS G JR. 4300 BAYOU BOULEVARD, SUITE 16 PENSACOLA FL 32503	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	Pensacola, FL 32501

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *John S. Carr* John S. Carr, President DATE: 4/15/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director/President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLZEY, KENNETH W	1.2 NAME	John S. Carr
STREET ADDRESS	4069 SOUNDPOINTE DR	1.3 STREET ADDRESS	17 West Cedar Street
CITY-ST-ZIP	GULF BREEZE FL	1.4 CITY-ST-ZIP	Pensacola, FL 32501
TITLE	DVST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, SUE C	2.2 NAME	Robert B. Montgomery
STREET ADDRESS	7 CALLE TRAVIESA	2.3 STREET ADDRESS	1388 Country Club Road
CITY-ST-ZIP	GULF BREEZE FL	2.4 CITY-ST-ZIP	Gulf Breeze, FL 32561 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D
NAME	BALLOU, CHERYL	3.2 NAME	Eric J. Nickelsen
STREET ADDRESS	1254 GREENVIEW LANE	3.3 STREET ADDRESS	2761 Dunsinane Road
CITY-ST-ZIP	GULF BREEZE FL	3.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John S. Carr* **REQUIRED** 4/15/99 (850) 434-2244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

John S. Carr, President

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