

1/22/01-9

2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State

01-22-2001 90151 021 ***61.25

DOCUMENT # N96000002461

1. Entity Name

OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION

Principal Place of Business

601 S PALAFOX ST
PENSACOLA FL 32501
US

Mailing Address

PO BX 12725
PENSACOLA FL 32575



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4042 OAK POINTE DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 6083

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

Zip
32561

Country
SANTA ROSA

City & State

GULF BREEZE, FL

Zip
32561

Country
SANTA ROSA

4. FEI Number

59-3397142

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VAN MATRE, THOMAS G JR.
17 W CEDAR ST
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name VICTOR SMITH

Street Address (P.O. Box Number is Not Acceptable)

4042 OAK POINTE DR

City GULF BREEZE

FL

Zip Code
32561

8. 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

VICTOR SMITH, PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/10/01

DATE

FILE NOW:

FEE IS \$61.25

OK # 1018 11/10/01

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	CARR, JOHN S	
STREET ADDRESS	17 W CEDAR ST SUITE 3	
CITY-ST-ZIP	PENSACOLA FL 32501	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MONTGOMERY, ROBERT	
STREET ADDRESS	1388 COUNTRY CLUB RD	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NICKELSEN, ERIC J	
STREET ADDRESS	3410 N 18 AV	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	VICTOR SMITH		
STREET ADDRESS	4042 OAK POINTE DR		
CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BARBARA O. BLADES		
STREET ADDRESS	4127 OAK POINTE DR		
CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARY P. MEDEIROS		
STREET ADDRESS	4119 OAK POINTE DR		
CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	THOMAS CURTIS		
STREET ADDRESS	4122 OAK POINTE DR		
CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE		<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHELLEY BERMAN		
STREET ADDRESS	4126 OAK POINTE DR		
CITY-ST-ZIP	GULF BREEZE, FL 32561		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~ MARY P. MEDEIROS 01/10/01 (850) 916-4620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (10/00)