

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90054 026 ****61.25

DOCUMENT # N96000002461

1. Entity Name

OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4042 OAK POINTE DRIVE
 GULF BREEZE FL 32561 32563
 US

P.O. BOX 6083
 GULF BREEZE FL 32561 32563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3397142

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, VICTOR
 4042 OAK POINTE DRIVE
 GULF BREEZE FL 32561

Name **WILLIAM J. FEALLOCK**

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

4118 OAK POINTE DR.

City **GULF BREEZE** FL Zip Code **32563**

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

W.J. Feallock

22 FEB 02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, VICTOR	
STREET ADDRESS	4042 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BLADES, BARBARA O	
STREET ADDRESS	4127 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MEDEIROS, MARY P	
STREET ADDRESS	4119 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURTIS, THOMAS	
STREET ADDRESS	4122 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BERMAN, SHELLEY	
STREET ADDRESS	4126 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM J. FEALLOCK	
STREET ADDRESS	4118 OAK POINTE DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY HAUVER	
STREET ADDRESS	4155 Oak Pointe Dr.	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAIL PALLER	
STREET ADDRESS	4099 Oak Pointe Dr	
CITY-ST-ZIP	Gulf Breeze FL 32563	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ARC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR SMITH	
STREET ADDRESS	4042 OAK POINTE DR.	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
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:

Thomas Curtis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

916 0480

Date

Daytime Phone #

CR2E037 (9/01)