

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State

02-15-2006 90039 041 ****61.25

DOCUMENT # N96000002461
 1. Entity Name
OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
 4050 OAK POINT DRIVE P.O. BOX 6083
 GULF BREEZE FL 32563 GULF BREEZE FL 32563
 US

00004183



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
 59-3397142 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BERRYHILL, CARL
4050 OAK POINT DRIVE
GULF BREEZE FL 32563

7. Name and Address of New Registered Agent
 Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE Carl M. Berryhill DATE 3/2/06
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P	<input checked="" type="checkbox"/> Delete
NAME BERRYHILL, CARL	
STREET ADDRESS 4050 OAK POINT DRIVE	
CITY-ST-ZIP GULF BREEZE FL 32563	
TITLE V	<input checked="" type="checkbox"/> Delete
NAME LEAYCRAFT, JACK	
STREET ADDRESS 4147 OAK POINT DRIVE	
CITY-ST-ZIP GULF BREEZE FL 32563	
TITLE S	<input checked="" type="checkbox"/> Delete
NAME DORSEY, WILLIAM	
STREET ADDRESS 4082 OAK POINT DRIVE	
CITY-ST-ZIP GULF BREEZE FL 32563	
TITLE TRES	<input checked="" type="checkbox"/> Delete
NAME ROSS, DAN	
STREET ADDRESS 4111 OAK POINTE DRIVE	
CITY-ST-ZIP GULF BREEZE FL 32563	
TITLE LAND	<input checked="" type="checkbox"/> Delete
NAME SMITH, VICTOR	
STREET ADDRESS 4042 OAK POINTE DRIVE.	
CITY-ST-ZIP GULF BREEZE FL 32563	
TITLE ARC	<input type="checkbox"/> Delete
NAME CARLSON, LINDA	
STREET ADDRESS 4067 OAK POINTE DRIVE	
CITY-ST-ZIP GULF BREEZE FL 32563	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LARRY GERTLIS	
STREET ADDRESS 4079 OAK POINTE DR	
CITY-ST-ZIP GULF BREEZE, FL 32563	
TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HENRY DOHN	
STREET ADDRESS 4043 OAK POINTE DR	
CITY-ST-ZIP GULF BREEZE, FL 32563	
TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHARON BERRY	
STREET ADDRESS 4102 OAK POINTE DR	
CITY-ST-ZIP GULF BREEZE, FL 32563	
TITLE TRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BERRYHILL, CARL	
STREET ADDRESS 4050 OAK POINTE DR.	
CITY-ST-ZIP GULF BREEZE, FL 32563	
TITLE LAND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLAKE, MEADE	
STREET ADDRESS 4066 OAK POINTE DR	
CITY-ST-ZIP GULF BREEZE, FL. 32563	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 empowerments.

SIGNATURE: Carl M. Berryhill Date 3/02/06 Daytime Phone # 850 380-5807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

W6004183

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2006

OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION, INC.
P.O. BOX 6083
GULF BREEZE, FL 32563

Subject: OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION, INC.

Reference Number: N96000002461

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION