

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
4050 OAK POINT DRIVE
GULF BREEZE FL 32563
US

Mailing Address
P.O. BOX 6083
GULF BREEZE FL 32563

00004183



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

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

7. Name and Address of New Registered Agent

BERRYHILL, CARL
4050 OAK POINT DRIVE
GULF BREEZE FL 32563

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

3/2/06

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
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY GERLITS	
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 empowered.

SIGNATURE:

Carl M. Berryhill

3/2/06

850 380-5807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ATTACHMENT

66004183

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