


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 31, 2007 8:00 am
Secretary of State

07-31-2007 90007 023 ****61.25

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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



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt #, etc Suite, Apt #, etc

2nd MOORE CR2E037 (4/07)

City & State City & State

4. FEI Number Applied For

59-3397142 Not Applicable

Zip Country Zip Country

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

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 *Berryhill, Carl Treasurer* DATE *7/24/07*

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 September 5, 2007

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 type="checkbox"/> Delete
NAME	GERLITS, LARRY	
STREET ADDRESS	4079 OAK POINT DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DOHN, HENRY	
STREET ADDRESS	4043 OAK POINT DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BERRY, SHARON	
STREET ADDRESS	4402 OAK POINTE DR	
CITY-ST-ZIP	GULF BREEZE FL 32-5639	
TITLE	TRES	<input type="checkbox"/> Delete
NAME	BERRYHILL, CARL	
STREET ADDRESS	4050 OAK POINTE DR	
CITY-ST-ZIP	GULF BREEZE FL 32563	
TITLE	LAND	<input checked="" type="checkbox"/> Delete
NAME	BLAKE, MEADE	
STREET ADDRESS	4066 OAK POINTE DR	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERLITS, LARRY	
STREET ADDRESS	4079 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK LEAYCRAFT	
STREET ADDRESS	4147 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DON WELDON	
STREET ADDRESS	4162 OAK POINTE DRIVE	
CITY-ST-ZIP	GULF BREEZE, FL 32563	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	LAND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JIM MCEACHERN	
STREET ADDRESS	4115 OAK POINTE DRIVE	
CITY-ST-ZIP		
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 Chapter 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 Treasurer* *Carl M. Berryhill* *7/24/07* *850 932-8171*