


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90034 011 \*\*\*\*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	
2. Principal Place of Business No P.O. Box # 4176 Oak Pointe Dr		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Gulf Breeze, FL		City & State	
Zip 32563		Country USA	
4. FEI Number 59-3397142		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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: Wendy Heflich Street Address (P.O. Box Number is Not Acceptable): 4176 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Wendy Heflich</i> DATE: 4/30/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	TITLE	P
NAME	GERLITS, LARRY	NAME	Ken Jensen
STREET ADDRESS	4079 OAK POINTE DRIVE	STREET ADDRESS	4055 Oak Pointe Dr
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	GULF BREEZE, FL 32563
TITLE	V	TITLE	V
NAME	LEAYCRAFT, JACK	NAME	Larry Gerlits
STREET ADDRESS	4147 OAK POINTE DRIVE	STREET ADDRESS	4019 Oak Pointe Dr
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	S	TITLE	S
NAME	WELDON, DON	NAME	Sill Brozdon
STREET ADDRESS	4162 OAK POINTE DRIVE	STREET ADDRESS	4010 Oak Pointe Dr
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	TRES	TITLE	T
NAME	BERRYHILL, CARL	NAME	wendy Heflich
STREET ADDRESS	4050 OAK POINTE DR	STREET ADDRESS	4176 Oak Pointe Dr
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	Gulf Breeze, FL 32563
TITLE	LAND	TITLE	
NAME	MCESCHERN, JIM	NAME	Same
STREET ADDRESS	4115 OAK POINTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	CITY-ST-ZIP	
TITLE	ARC	TITLE	
NAME	CARLSON, LINDA	NAME	Same
STREET ADDRESS	4067 OAK POINTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE, FL 32563	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 empoweres.			
SIGNATURE: <i>Wendy Heflich</i>		Date: 4/30/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		Daytime Phone #: 850-240-8031	