

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90115 004 \*\*\*\*61.25

DOCUMENT # *NS600002772*  
1. Entity Name  
*OAK POINT Mobile Homeowners ASSOC., INC.*

**DO NOT WRITE IN THIS SPACE**

*20016373*

2. Principal Place of Business  
*240 Matthew Circle*  
Suite, Apt. #, etc.

3. Mailing Address  
*240 Matthew Circle*  
Suite, Act. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
*Titusville, FL.*

City & State  
*Titusville, FL.*

Zip  
*32780-8195*

Country  
*BREVARD*

Zip  
*32780-8195*

Country  
*USA*

4. FEI Number

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
*LEE JAY COLLING + ASSOC., P.A.*

Street Address (P.O. Box Number is Not Acceptable)  
*529 Versailles Drive, Suite 103*

City  
*MAITLAND* FL Zip Code  
*32751*

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring) DATE

**FEE IS \$61.25  
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President Kenneth HAWORTH 173 Matthew Circle Titusville, FL. 32780</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Sec. DONNA Spencer 311 Matthew Circle Titusville, FL. 32780</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer KATHY Voysey 312 Matthew Circle Titusville, FL. 32780</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Membership Comm. MINNIE BARNES 313 Matthew Circle Titusville, FL. 32780</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Katharina Voysey* *3/2/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)