


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90046 019 ****61.25

DOCUMENT # N96000002772			
1. Entity Name OAK POINT MOBILE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 240 MATTHEW CIRCLE TITUSVILLE, FL 32780		Mailing Address 240 MATTHEW CIRCLE TITUSVILLE, FL 32780	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COLLING, LEE JAY 529 VERSAILLES DR STE 103 MAITLAND, FL 32751		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	P HAWORTH, KENNETH 173 MATHEW CIR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Membership Committee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joyce HARLAN 392 MATHEW Circle TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPENCER, DONNA 311 MATHEW CIR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTIVITIES COMMITTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JANET ROULO 342 MATHEW Circle TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VOYSEY, KATHY 312 MATHEW CIR TITUSVILLE, FL 32780 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACTIVITIES COMMITTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CHRIS LAPPERT 310 MATHEW Circle TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MC <input checked="" type="checkbox"/> Delete BARNES, MINNIE 313 MATHEW CIR TITUSVILLE, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Homeowners Committee <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARBARA BURNS 231 MATHEW Circle TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <input type="checkbox"/> Delete GUFFEY, POLLY 192 MATHEW CIRCLE TITUSVILLE, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FMO Representative <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition FRANK CHACHO 183 MATHEW Circle TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD <input checked="" type="checkbox"/> Delete BOURDON, SUE 302 MATHEW CIRCLE TITUSVILLE, FL 32780	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Katherine Veysel - Katherine Veysel</i>		Date: <i>Nov. 12-2007</i> Daytime Phone #: <i>321-269-9969</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			