


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90012 031 \*\*\*\*61.25

**DOCUMENT # N96000002772**  
 1. Entity Name  
**OAK POINT MOBILE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**240 MATTHEW CIRCLE**  
**TITUSVILLE FL 32780**  
~~**240 MATTHEW CIRCLE**~~  
~~**TITUSVILLE FL 32780**~~



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
**P.O. BOX 10055**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State  
**COCOA FL**  
 Zip Country Zip Country  
**32927 USA**

4. FEI Number **59-3390617** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**COLLING, LEE JAY**  
**529 VERSAILLES DR STE 103**  
**MAITLAND FL 32751**

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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		<input type="checkbox"/> Delete
TITLE	<b>P</b>	
NAME	<b>HAWORTH, KENNETH</b>	
STREET ADDRESS	<b>173 MATHEW CIR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>S</b>	
NAME	<b>SPENCER, DONNA</b>	
STREET ADDRESS	<b>311 MATHEW CIR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>T</b>	
NAME	<b>VOYSEY, KATHY</b>	
STREET ADDRESS	<b>312 MATHEW CIR</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>C</b>	
NAME	<b>HARLAN, JOYCE</b>	
STREET ADDRESS	<b>392 MATTHEW CIRCLE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>BD</b>	
NAME	<b>GUFFEY, POLLY</b>	
STREET ADDRESS	<b>192 MATTHEW CIRCLE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	
TITLE	<b>AC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROULO, JANET</b>	
STREET ADDRESS	<b>342 MATTHEW CIRCLE</b>	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	<b>VP</b>		
NAME	<b>HEREFORD, NEAL</b>		
STREET ADDRESS	<b>323 MATTHEW CIRCLE</b>		
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>		
TITLE	<b>CHRIST, MURT</b>		
NAME	<b>CHRIST, MURT</b>		
STREET ADDRESS	<b>110 MATTHEW CIRCLE</b>		
CITY-ST-ZIP	<b>TITUSVILLE, FL 32780</b>		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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:** *Donna Spencer* **DONNA SPENCER** **1/29/08** **(321)** **267-4337**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year