

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002772

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** OAK POINT MOBILE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

240 MATTHEW CIRCLE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10055  
COCOA, FL 32927

**New Mailing Address:**

**FEI Number:** 59-3390617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLING, LEE JAY  
682 MAITLAND AVE  
SUITE 2  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CHRIST, KURT  
Address: 110 MATTHEW CIR  
City-St-Zip: TITUSVILLE, FL 32780

Title: S  
Name: WARD, CONNIE  
Address: 311 MATTHEW CIR  
City-St-Zip: TITUSVILLE, FL 32780

Title: T  
Name: VEYSEY, KATHY  
Address: 312 MATTHEW CIR  
City-St-Zip: TITUSVILLE, FL 32780

Title: C  
Name: PARKIN, ROBERT  
Address: 200 MATTHEW CIRCLE  
City-St-Zip: TITUSVILLE, FL 32780

Title: BD  
Name: WOODS, DWIGHT  
Address: 161 MATTHEW CIRCLE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VP  
Name: HEREFORD, NEAL  
Address: 373 MATTHEW CIRCLE  
City-St-Zip: TITUSVILLE, FL 32780

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHY VEYSEY

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02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date