## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

Secretary of State

May 08 1998 8:00am Sandra B. Mortham

3-26-98

**FILED** 

,	1998	1.3	TEET!	DIVISION C	F CORP	PORATIONS		Seci	reta	ry c	ot St	ate
DOCUI 1. Corporation	MENT #											
OAK POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION,												
INC.												
Principal Place of Business Mailing Address									III <b>Jo</b> ili <b>Di</b> ir	OBJII BOJII FA	NO VILLE BIORI I	IIIOF OIKL FOOL
107 E. LADY LAKE BLVD. 107 E. LADY LAKE BLVD.								3. Date incorporated or	Qualified			
LADY LAKE FL 32159  LADY LAKE FL 32159								09/24/1997				
								4. FEI Number			7	oplied For ot Applicable
2. Principal P	lace of Business		2a.	Mailing Address	17	N		5. Certificate of Status	Desired		\$8.75	Additional
21 (0 %) Suite, Apt.	6. Old T	Dixie High	may 26	/08° 5,01 Suite, Apt. #, etc.	10 1	>1 YIE HIGH	Noay	6. Election Campaign F	inancino		Fee Re \$5.00 A	
22	·	<del> </del>	27	01. 5.0				Trust Fund Contribut	ion		Added to	Fees
City & State  23 Lady Lake, FL 28 Lady Lak						e, FL 7. Is this nonprofit or					's association ☐ No	n?
Zip	C	ountry		Zip	_	Country	l	8. This corporation owe	•		_	
24 32	- インファ   25   9, Name and A	ddress of Cu	rrent Regist	32/59 tered Agent	30	<u> </u>	1	Personal Property Ta 10. Name and Address				<b>54</b> /0
			·	·		81 Name	7/1	ancy P. S	540	inn	1213	
STEINMETZ, NANCY P							Addres	ss (P.O. Bok Number is No	ot Accepta	ble)		
107 E. LADY LAKE BLVD. LADY LAKE FL 32159						83	<i>D</i>	S. DIW L	ZIXIE	<u> </u>	znwa	щ
						84 City 1		1 1-			85 Zip (	Code
11. Pursuant	to the provisions of	Sections 617	0502 and 61	17.1508. Florida Sta	atutes, th	e above-named	ad corpo	retion submits this statement	ent for the	FL purpose of	changing it	s registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am (amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.												registered
SIGNATURE	y Dr	7 Cy f		einmet		stered Agent signature			3-26	<u> </u>		
12.	Signature, 1990 or prents		AND DIREC	TORS		13.	radoxeo	ADDITIONS/CHANGE	S TO OFFI	CERS AND		
TITLE	D Steinmetz, L	EO D		☐ DELETE		1.1 TITLE 1.2 NAME	À		<u> </u>	0	☐ Change	Addition
NAME STREET ADDRESS	R <del>O. BOX 21</del> 7		3718	Lake Golfi,	on	1.2 NUME 1.3 STREET ADDRESS	7	OF COX RIT	<b>"</b> "\$7	18 6	ake Gr	iffined
CITY-ST-ZIP	LADY LAKE F	L-82158	Lady	Lake, FL 37		1.4 CITY-ST-ZIP	L	ady take	, FL	321	5%	
TITLE NAME	D Steinmetz. L	EO P		DELETE		2.1 TITLE 2.2 NAME					☐ Change	Addition
STREET ADDRESS	P.O. BOX 217					2.3 STREET ADDRESS						
CITY-ST-ZIP	LADY LAKE F	L 32158				2.4 CITY-ST-ZIP					T-0	1.200
TITLE NAME	D Steinmetz, 8	RTEPHEN A		☐ DELETE		3.1 TITLE 3.2 NAME					Change	L Addition .
STREET ADDRESS	P.O. BOX 217			Lake Griffin	40	3.3 STREET ADDRESS						-
CITY-ST-ZIP	LADY-LAKE F	L 32158	Lody			3.4. CITY-ST-ZIP					T 100	144800
TITLE NAME				☐ DELETE		4.1 TITLE 4. 2 NAME					Change	▲ Addition
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TITLE NAME				☐ DELETE	1	5.1 TITLE 5.2 NAME					Change	☐ Addition
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TITLE				DELETE		5.1 TITLE 5.2 NAME					☐ Change	Addition
NAME STREET ADDRESS						5.3 STREET ADDRESS						
CITY-ST-ZIP						6.4 CITY-ST-ZIP	1		0		414 11 1 11	[
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attaction with an address.												