FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # N9700005455 1. Corporation Name

OAK POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION. INC.

Principal Place of Business 108 S OLD DIXIE HWY LADY LAKE FL 32159 US

2. Principal Place of Business

Mailing Address

108 S OLD DIXIE HWY LADY LAKE FL 32159

2a. Mailing Address

US

FILED Mar 25, 1999 8:00 am Secretary of State

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Applied For

|--|--|--|

3. Date Incorporated or Qualifed

09/24/1997

Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 59=3513	1742 APP	lied For Applicable	
2		City & State			ATTELED TOTO (2)	\$8.75 A	
City & State	•	 			5. Certificate of Status Desired	Fee Red	
2:-	Country	Zip	<u> </u>		6. Election Campaign Financing	\$5.00	May Bo
Zip			¬ - '		Trust Fund Contribution	Added to	•
4	9. Name and Address of Current	<u> </u>	301		10. Name and Address of New Regis	tered Agent	
.	There and Address of Culture			1 Name			
	ov o				(C.O. Day Number is Not Assessable)		
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			SZ: Street Addre	ess (P.O. Box Number is Not Acceptable)			
108 S OLD DIXIE HWY							
LAUT LAN	E FL 32159					85 Zip C	ode
			*	City		FL °	Que
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ove-named corpo	oration submits this statement for the purp	ose of changing its	registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	' Florida. Such change was au	mnonzea r	by the corporatio	n's board of directors. I hereby accept the	appointment as reg	istereo
=	in landing with, and accept the congain	5., 5666611 611.15566, 1 1611				-	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered A	gent signature required		ÁTE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	☐ DELETE	1.1 TITL	E		☐ Change	☐ Addition
NAME	STEINMETZ, LEO P		1.2 NAM	IE			
STREET ADDRESS	3718 LAKE GRIFFIN RD		1.3 STR	EET ADDRESS			
CITY-ST-ZIP	LADY LAKE FL 32159		1.4 CITY	r-ST-ZIP			=
TITLE	D	☐ DELETE	2.1 TITL	E		Change	☐ Addition
NAME	Steinmetz, Stephen A.		2.2 NAM	Œ			
STREET ADDRESS	3718 LAKE GRIFFIN RD		2.3 STR	EET ADDRESS			
CITY ST-ZIP	LADY LAKE FL 32159		2. 4 CIT	Y-ST-ZIP			
TITLE	D	☐ DELETE	3.1 1111∟	E		Change	☐ Addition
NAME	STEINMETZ, NANCY P		3.2 NAM	Æ			
STREET ADDRESS	3718 LAKE GRIFFIN RD		3.3 STR	EET ADDRESS			
CITY-ST-ZIP	LADY LAKE FL 32159		_	Y-\$T-ZIP			M Addition
TITLE	•	☐ DELETE	4.1 TITL	E		Change	Addition
NAME			4. 2 NA	1			
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY-ST-ZIP				/-ST-ZIP			T Addition
TITLE		☐ DELETE	5.1 TITL	<u> </u>		☐ Change	Addition
NAME			5.2 NAM				
STREET ADDRESS			•	EET ADDRESS			
CITY-ST-ZIP				/-ST-ZIP		Charac	□ Addition
TITLE		☐ DELETE	6.1 TITL			Change	☐ Addition
NAME			6.2 NAM	ŀ			
STREET ADDRESS	185 E			EET ADDRESS			
CITY-ST-ZIP	Programme Control			Y-ST-ZIP			N
14. Thereby	certify that the information supplied with	this filing does not qualify for	the exem	ption stated in S	Section 119.07(3)(i), Florida Statutes. I furt e shall have the same legal effect as if made	ner certify that the it	normation

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 attachment with an address, with all other like empowered.

SIGNATURE: