


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90051 040 \*\*\*\*61.25

<b>DOCUMENT # N97000005455</b>					
1. Entity Name OAK POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 108 S OLD DIXIE HWY LADY LAKE, FL 32159 US			Mailing Address 108 S OLD DIXIE HWY LADY LAKE, FL 32159 US		
P O Box 573					
2. Principal Place of Business P O Box 573			3. Mailing Address P O Box 573		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State Lady Lake, FL		City & State Lady Lake, FL 32159		4. FEI Number 59-3514742	
Zip 32158		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  STEINMETZ, NANCY P 108 S OLD DIXIE HWY LADY LAKE, FL 32159			7. Name and Address of New Registered Agent Name Thompson, Edward Street Address (P.O. Box Number is Not Acceptable) 3827 Oak Pointe Dr. City Lady Lake FL Zip Code 32159		
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 <i>Edward Thompson</i> Edward Thompson Director/President 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	D <input checked="" type="checkbox"/> Delete	TITLE	D, P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINMETZ, LEO P	NAME	Thompson, Edward		
STREET ADDRESS	3718 LAKE GRIFFIN RD	STREET ADDRESS	3827 Oak Pointe Dr.		
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Lady Lake, FL 32159		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D, V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINMETZ, STEPHEN A.	NAME	McKrill, Ted		
STREET ADDRESS	3718 LAKE GRIFFIN RD	STREET ADDRESS	3833 Oak Pointe Dr.		
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Lady Lake, FL 32159		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D, S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEINMETZ, NANCY P	NAME	Zorn, Sidney E.		
STREET ADDRESS	3718 LAKE GRIFFIN RD	STREET ADDRESS	3950 Oak Pointe Dr.		
CITY-ST-ZIP	LADY LAKE, FL 32159	CITY-ST-ZIP	Lady Lake, FL -32159		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. 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 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>Edward Thompson</i>			Edward Thompson Director/President 3/28/05 352-259-4486		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		



03212005 Chg-NP CR2E037 (10/03)