


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000005455

1. Entity Name
OAK POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business P.O. BOX 573 LADY LAKE, FL 32158 US	Mailing Address P.O. BOX 573 LADY LAKE, FL 32158 US
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01152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3514742	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

**THOMPSON, EDWARD
3827 OAK POINTE DR
LADY LAKE, FL 32159**

**DO NOT WRITE
IN THIS SPACE**

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 *Edward C. Thompson* **Edward Thompson D.P.** DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMPSON, EDWARD 3827 OAK POINTE DRIVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,V MCKRILL, TED 3833 OAK POINTE DRIVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ZORN, SIDNEY E 3950 OAK POINTE DRIVE LADY LAKE, FL 32159
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Edward C. Thompson* **Edward Thompson** ³⁵² 259-4466
Signature and typed or printed name of signing officer or director Date Daytime Phone #