

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 04, 2008  
Secretary of State**

DOCUMENT# N97000005455

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

**Current Principal Place of Business:**

3827 OAK POINTE DRIVE  
LADY LAKE, FL 32159 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 573  
LADY LAKE, FL 32158 US

**New Mailing Address:**

FEI Number: 59-3514742      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

THOMPSON, EDWARD  
3827 OAK POINTE DRIVE  
LADY LAKE, FL 32159 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: DP ( ) Delete  
Name: THOMPSON, EDWARD  
Address: 3827 OAK POINTE DRIVE  
City-St-Zip: LADY LAKE, FL 32159

Title: D,V ( ) Delete  
Name: ROWE, KEITH  
Address: 3820 OAK POINTE DRIVE  
City-St-Zip: LADY LAKE, FL 32159

Title: DST ( ) Delete  
Name: CICHIELO, MICHELLE R  
Address: 3841 OAK POINTE DRIVE  
City-St-Zip: LADY LAKE, FL 32159

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHELLE R. CICHIELO

DTS

02/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date