

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005455

FILED
Mar 20, 2009
Secretary of State

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:

MICHELLE, CICHIELO R
3841 OAK POINTE DRIVE
LADY LAKE, FL 32159 US

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: MICHELLE RW CICHIELO 03/20/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THOMPSON, EDWARD
Address: 3827 OAK POINTE DRIVE
City-St-Zip: LADY LAKE, FL 32159 US

Title: DVP (X) Change () Addition
Name: NICHOLAS, VINCE
Address: 3902 OAK POINTE DRIVE
City-St-Zip: LADY LAKE, FL 32159 US

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

Title: ARCH () Change (X) Addition
Name: ROWE, KEITH
Address: 3820 OAK POINTE DRIVE
City-St-Zip: LADY LAKE, FL 32159 US

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 RW CICHIELO DST 03/20/2009

Electronic Signature of Signing Officer or Director Date