


FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90106 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003060

1. Corporation Name

OAK POINT 5 CONDOMINIUM ASSOCIATION, INC.

561382-90085-49

Principal Place of Business
 5070 NORTH A1A SUITE 205
 VERO BEACH FL 32963

Mailing Address
 5070 NORTH A1A SUITE 205
 VERO BEACH FL 32963



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/28/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	62-0854567
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	29	<input type="checkbox"/> \$8.75 Additional Fee Required
	30	6. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BARKETT, BRUCE 756 BEACHLAND BOULEVARD VERO BEACH FL 32963	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0508, Florida Statutes.

SIGNATURE: [Signature] DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D PROCTOR, DONALD C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	218 RUDDER ROAD	1.2 NAME	
STREET ADDRESS	VERO BEACH FL 32963	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SCHWERIN, WARREN L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	890 SEAWARD DRIVE	2.2 NAME	
STREET ADDRESS	INDIAN RIVER SHORES FL 32963	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D SWANSON, J F	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4857 NEWPORT ISLAND DRIVE	3.2 NAME	
STREET ADDRESS	VERO BEACH FL 32967	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

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