


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N98000003060**  
 1. Entity Name  
**OAK POINT 5 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3790 7TH TERRACE          101          VERO BEACH, FL 32960</b>	Mailing Address <b>3790 7TH TERRACE          101          VERO BEACH, FL 32960</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03042004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>65-0854567</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROSATO, RALPH M MD  
 3790 7TH TERRACE  
 SUITE 101  
 VERO BEACH, FL 32960**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
 Due by May 1, 2004**

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

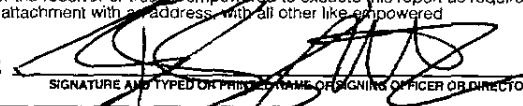
000000125855  
 04/23/04-80001-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSATO, RALPH M MD 3790 7TH TERRACE # 101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DALILI, CURTIS 3790 7TH TERRACE # 202 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSATO, CATHERINE R 3790 7TH TERRACE # 101 VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

**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:**  **4-9-2004 7725625859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #