


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

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



Principal Place of Business 3790 7TH TERRACE 101 VERO BEACH, FL 32960	Mailing Address 3790 7TH TERRACE 101 VERO BEACH, FL 32960
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**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-NP CR2E037 (10/03)

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	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	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

00000287388  
04/04/05-80067-013 61.25

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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)(f), 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:** *Catherine Rosato* **3-30-05** **772-562-5859**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #