

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000000066

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC4319487194**

**Entity Name:** OAK POINT HOME OWNERS' ASSOCIATION OF PENSACOLA, INC.

**Current Principal Place of Business:**

1629 E. HEINBERG ST  
PENSACOLA, FL 32502

**Current Mailing Address:**

1629 E. HEINBERG ST  
PENSACOLA, FL 32502 US

**FEI Number: 03-0501335**

**Certificate of Status Desired: No**

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

SANDERS, CHARLENE C  
1629 E. HEINBERG ST  
PENSACOLA, FL 32502 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:** CHARLENE SANDERS

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                     |                 |                     |
|-----------------|---------------------|-----------------|---------------------|
| Title           | VP                  | Title           | SECRETARY           |
| Name            | FOSCUE, MARY        | Name            | SANDERS, CHARLENE C |
| Address         | 1601 E. HEINBERG ST | Address         | 1629 E. HEINBERG ST |
| City-State-Zip: | PENSACOLA FL 32502  | City-State-Zip: | PENSACOLA FL 32502  |
|                 |                     |                 |                     |
| Title           | PRESIDENT           | Title           | TREASURER           |
| Name            | MCCALPIN, BRUCE     | Name            | CARTER, JOSHUA      |
| Address         | 1702 OSCEOLA BLVD   | Address         | 771 WOODMERE DR     |
| City-State-Zip: | PENSACOLA FL 32503  | City-State-Zip: | PENSACOLA FL 32503  |

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLENE SANDERS

**SECRETARY**

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date