

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010498

**FILED  
Apr 04, 2013  
Secretary of State  
CC707777813**

**Entity Name:** OAK POINTE BUSINESS PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

880 AIRPORT RD  
SUITE 108  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

880 AIRPORT RD  
SUITE 108  
ORMOND BEACH, FL 32174 US

**FEI Number: 20-0449446**

**Certificate of Status Desired: Yes**

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

NEWSLOW, JAMES AIII  
880 AIRPORT RD  
SUITE 108  
ORMOND BEACH, FL 32174 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name NEWSLOW, JAMES AIII  
Address 880 AIRPORT RD STE 108  
City-State-Zip: ORMOND BEACH FL 32174

Title VD  
Name BARRETTE, GUY  
Address 880 AIRPORT RD., STE 109  
City-State-Zip: ORMOND BEACH FL 32174

Title D  
Name RUSSELL, ANGUS C  
Address 880 AIRPORT RD., STE 108  
City-State-Zip: ORMOND BEACH FL 32174

Title T  
Name GARVEY, HEATHER N  
Address 880 AIRPORT RD STE #108  
City-State-Zip: ORMOND BEACH FL 32174

Title S  
Name CLEARWATER, KARIE S  
Address 880 AIRPORT RD STE 108  
City-State-Zip: ORMOND BEACH FL 32174

*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: KARIE S. CLEARWATER**

**SECRETARY**

**04/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date