

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001961

FILED
Jan 28, 2019
Secretary of State
8043548593CC

Entity Name: OAKPOINT HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

329 - OAKPOINT CIRCLE
DAVENPORT, FL 33837-8691

Current Mailing Address:

PO BOX 825
LOUGHMAN, FL 33858

FEI Number: 59-3182290

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WIRICK, CATHRINA
115 - OAKPOINT PLACE
DAVENPORT, FL 33837-8691 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: CATHRINA WIRICK

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MILLBOWER, LENN
Address 329 OAKPOINT CIRCLE
City-State-Zip: DAVENPORT FL 33837-8691

Title VPD
Name PORTELL, JIM
Address 513 OAKPOINT CIRCLE
City-State-Zip: DAVENPORT FL 33837-8691

Title ST
Name KOSH, NANETTE
Address 101 BAYPOINT DRIVE
City-State-Zip: DAVENPORT FL 33837-8691

Title TD
Name WHIPPLE, DEBRA
Address 115 OAKPOINT PLACE
City-State-Zip: DAVENPORT FL 33837-8691

Title ASST. TREASURER
Name WIRICK, CATHRINA COBLE
Address 412 OAKPOINT CIR
City-State-Zip: DAVENPORT FL 33837

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: CATHRINA WIRICK

ASST. TREASURE

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date