

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000001961

**FILED**  
**Jan 13, 2014**  
**Secretary of State**  
**CC1216401346**

**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:**

WHIPPLE, DEBRA L  
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:** \_\_\_\_\_

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 HOWE, JOHN  
Address 162 BAYPOINT DRIVE  
City-State-Zip: DAVENPORT FL 33837-8691

Title ST  
Name HOWE, LESLIE  
Address 162 - 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

*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:** DEBRA L. WHIPPLE

**TREASURER**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date