

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000002461

**FILED**  
**Jan 23, 2019**  
**Secretary of State**  
**1705462104CC**

**Entity Name:** OAK POINTE OF TIGER POINT HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

7 MADRID AVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

PO BOX 2297  
PENSACOLA, FL 32513 US

**FEI Number:** 59-3397142

**Certificate of Status Desired:** No

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

KUHN, LARRY  
7 MADRID AVE  
GULF BREEZE, FL 32561 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:** LARRY KUHN

01/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           DOHN, NANCY  
Address        PO BOX 2297  
City-State-Zip: PENSACOLA FL 32513

Title           VP  
Name           BROWN, RICHARD  
Address        PO BOX 2297  
City-State-Zip: PENSACOLA FL 32513

Title           TREASURER  
Name           HOEFLICH, WENDY C  
Address        PO BOX 2297  
City-State-Zip: PENSACOLA FL 32513

Title           DIRECTOR  
Name           MCEARCHERN, JIM  
Address        PO BOX 2297  
City-State-Zip: PENSACOLA FL 32513

Title           SECRETARY  
Name           TRACHY, TRISH  
Address        PO BOX 2297  
City-State-Zip: PENSACOLA FL 32513

*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:** NANCY DOHN

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01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date