

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

DOCUMENT# N96000002461

**FILED**  
**Feb 14, 2013**  
**Secretary of State**  
**CC6123245991**

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

**Current Principal Place of Business:**

4400 BAYOU BLVD  
SUITE 58B  
GULF BREEZE, FL 32503

**Current Mailing Address:**

P.O. BOX 6083  
GULF BREEZE, FL 32563

**FEI Number: 59-3397142**

**Certificate of Status Desired: No**

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

KUHN, LARRY  
4400 BAYOU BLVD  
SUITE 58B  
GULF BREEZE, FL 32503 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

02/14/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SEAGER, CLYDE  
Address 4135 OAK POINTE DR.  
City-State-Zip: GULF BREEZE FL 32563

Title ARCH  
Name MILLER, ROBERT  
Address 4110 OAK POINTE DR.  
City-State-Zip: GULF BREEZE FL 32563

Title VP  
Name BROGDON, JILL  
Address 4070 OAK POINTE DR.  
City-State-Zip: GULF BREEZE FL 32563

Title T  
Name HOEFLICH, WENDY C  
Address 4176 OAK POINTE DR.  
City-State-Zip: GULF BREEZE FL 32563

Title S  
Name MARPLE, KENT  
Address 4155 OAK POINTE DRIVE  
City-State-Zip: GULF BREEZE FL 32563

Title LAND  
Name CARLSON, LINDA  
Address 4067 OAK POINTE DRIVE  
City-State-Zip: GULF BREEZE FL 32563

*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:** CLYDE SEAGER

PREISDENT

02/14/2013

Electronic Signature of Signing Officer/Director Detail

Date