

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90165 022 \*\*\*\*61.25

<b>DOCUMENT # N96000002681</b>					
<b>1. Entity Name</b> OAKLAND POINTE HOMEOWNERS' ASSOCIATION, INC.					
<b>Principal Place of Business</b> 22 OAKLAND POINTE CIR PO BOX 1011 OAKLAND, FL 34760 US			<b>Mailing Address</b> PO BOX 1011 OAKLAND, FL 34760 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3425397	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
FADENRECHT, WARREN PO BOX 639 16 OAKLAND POINTE CIRCLE OAKLAND, FL 34760			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> FADENRECHT, WARREN <b>STREET ADDRESS</b> 9 OAKLAND POINTE CIR <b>CITY-ST-ZIP</b> OAKLAND, FL 34760	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> BOUSFIELD, BOB <b>STREET ADDRESS</b> 15 OAKLAND POINTE CIRCLE <b>CITY-ST-ZIP</b> OAKLAND, FL 34760	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> FORBES, RANDY <b>STREET ADDRESS</b> 22 OAKLAND POINTE CIR <b>CITY-ST-ZIP</b> OAKLAND, FL 34760	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Forbes, Randy 22 Oakland Pointe Cir Oakland FL 34760	
<b>TITLE</b> SD <b>NAME</b> MCNEELEY, KEVIN <b>STREET ADDRESS</b> 5 OAKLADN POINTE CIR <b>CITY-ST-ZIP</b> OAKLAND, FL 34760	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> TYNDALL, GLENN <b>STREET ADDRESS</b> 13 OAKLAND PT CIR <b>CITY-ST-ZIP</b> OAKLAND, FL 34760	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD TYNDALL, Glenn 13 Oakland Pointe Cir Oakland FL 34760	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b>			Randy Forbes		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 4-26-04 Daytime Phone #: 407-970-0986		