

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90125 047 ****61.25

| | | | | | | |
|--|-----------------------------------|---|--|---|--|--|
| DOCUMENT # N96000002681 | | | | | | |
| 1. Entity Name OAKLAND POINTE HOMEOWNERS' ASSOCIATION, INC. | | | | | | |
| Principal Place of Business 22 OAKLAND POINTE CIR PO BOX 1011 OAKLAND, FL 34760 US | | | Mailing Address PO BOX 1011 OAKLAND, FL 34760 US | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3425397 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent FADENRECHT, WARREN PO BOX 639 18 OAKLAND POINTE CIRCLE OAKLAND, FL 34760 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| FL | | | Zip Code | | | |
| 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. | | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE PD | NAME FADENRECHT, WARREN | | <input type="checkbox"/> Delete | TITLE DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 9 OAKLAND POINTE CIR | OAKLAND, FL 34760 | | STREET ADDRESS HAIR, VERNON | 24 OAKLAND POINTE CIR. OAKLAND, FL 34760 | | |
| CITY - ST - ZIP | OAKLAND, FL 34760 | | CITY - ST - ZIP | OAKLAND, FL 34760 | | |
| TITLE SD | NAME FORBES, RANDY | | <input type="checkbox"/> Delete | TITLE DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| STREET ADDRESS 22 OAKLAND POINTE CIR | OAKLAND, FL 34760 | | STREET ADDRESS POLLARD, RICK | 24 OAKLAND POINTE CIR. OAKLAND, FL 34760 | | |
| CITY - ST - ZIP | OAKLAND, FL 34760 | | CITY - ST - ZIP | OAKLAND, FL 34760 | | |
| TITLE TD | NAME TYNDALL, GLENN | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS 13 OAKLAND POINTE CIR. | OAKLAND, FL 34760 | | STREET ADDRESS | | | |
| CITY - ST - ZIP | OAKLAND, FL 34760 | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | |
| 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. | | | | | | |
| SIGNATURE: <u>Warren Fadenrecht</u> | | | 5-1-2005 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | | |