

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90298 040 ****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"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FADENRECHT, WARREN PO BOX 639 16 OAKLAND POINTE CIRCLE OAKLAND, FL 34760				7. Name and Address of New Registered Agent Name Abby Schaffer Street Address (P.O. Box Number is Not Acceptable) P.O. Box 878 22 Oakland Pointe Circle City Oakland FL Zip Code 34760	
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.</small>				DATE 5-1-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 6, 2006		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	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADENRECHT, WARREN		NAME	Abby Schaffer	
STREET ADDRESS	9 OAKLAND POINTE CIR		STREET ADDRESS	22 Oakland Pointe Circle	
CITY-ST-ZIP	OAKLAND, FL 34760		CITY-ST-ZIP	Oakland, FL 34760	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORBES, RANDY		NAME	Kathy C Newtapher	
STREET ADDRESS	22 OAKLAND POINTE CIR		STREET ADDRESS	30 Oakland Pointe Circle	
CITY-ST-ZIP	OAKLAND, FL 34760		CITY-ST-ZIP	Oakland, FL 34760	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TYNDALL, GLENN		NAME	C Narches Brown	
STREET ADDRESS	13 OAKLAND POINTE CIR.		STREET ADDRESS	25 Oakland Pointe Circle	
CITY-ST-ZIP	OAKLAND, FL 34760		CITY-ST-ZIP	Oakland, FL 34760	
TITLE	D	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIR, VERNON		NAME	Vernon Hair	
STREET ADDRESS	24 OAKLAND POINTE CIR		STREET ADDRESS	24 Oakland Pointe Circle	
CITY-ST-ZIP	OAKLAND, FL 34760		CITY-ST-ZIP	Oakland, FL 34760	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLARD, RICK		NAME	Rick Pollard	
STREET ADDRESS	28 OAKLAND POINTE CIR		STREET ADDRESS	28 Oakland Pointe Circle	
CITY-ST-ZIP	OAKLAND, FL 34760		CITY-ST-ZIP	Oakland, FL 34760	
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 exemptions contained in Chapter 119, 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: Rick Pollard					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 5-1-06 Daytime Phone # 407-905-5277	