FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 2:03

DOCUMENT # 755379 (5)

1. Corporation Name
OAK HARBOUR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
550 MAITLAND AVE ALTAMONTE SPRINGS FL 32701-6348	550 MAITLAND AVE ALTAMONTE SPRINGS FL 32701-6348

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1980
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2058222 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEAN, J. SAMUEL
499 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Katherine Sorensen
82 Street Address (P.O. Box Number is Not Acceptable)
83: Sorensen Management Group, Inc.
1590 Gay Road
84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Katherine L. Sorensen 1/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HERMAN, BETH	1.2 NAME	
STREET ADDRESS	497 OAK HAVEN DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPR FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, J G	2.2 NAME	
STREET ADDRESS	401 OAK HAVEN DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPR FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	LEFEVRE, RUTH	3.2 NAME	
STREET ADDRESS	503 OAK HAVEN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPR FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DENNIS, DANA	4.2 NAME	
STREET ADDRESS	452 OAK HAVEN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPR FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RING, RONALD	5.2 NAME	
STREET ADDRESS	521 OAK HAVEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	SELLS, JOANNE	6.2 NAME	
STREET ADDRESS	529 OAK HAVEN DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPR FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Joseph G. Thomas 1-20-95 (407) 967-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030000