FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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

3. Date Incorporated or Qualified: **12/03/1980**
3a. Date of Last Report: **02/03/1995**

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SORENSEN, KATHERINE
SORENSEN MANAGEMENT GROUP INC
1590 GAY ROAD
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Katherine L Sorensen 1/19/96
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	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	HERMAN, BETH		1.2 NAME	ELOISE CARROLL	
STREET ADDRESS	497 OAK HAVEN DRIVE		1.3 STREET ADDRESS	471 OAK HAVEN DRIVE	
CITY-ST-ZIP	ALTAMONTE SPR FL		1.4 CITY-ST-ZIP	ALTAMONTE SPR FL	
TITLE	P	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	THOMAS, J G		2.2 NAME	CELESTE RIGER	
STREET ADDRESS	401 OAK HAVEN DR.		2.3 STREET ADDRESS	527 OAK HAVEN DR	
CITY-ST-ZIP	ALTAMONTE SPR FL		2.4 CITY-ST-ZIP	ALTAMONTE SPR FL	
TITLE	S	☐ DELETE	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	☒ DELETE	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	☐ DELETE	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	☐ DELETE	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		

CR2E037 (12/95)

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)(k), 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: JOSEPH G. THOMAS 1/19/96 (407)767-2995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #