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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
2180 W SR 434 #5000 LONGWOOD FL 32779-5044	2180 W SR 434 #5000 LONGWOOD FL 32779-5044

3. Date Incorporated or Qualified: 12/03/1980
3a. Date of Last Report: 01/29/1996

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

HART, JAMES INE W JR.
SENTRY MANGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779-5044

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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERMAN, BETH 497 OAK HAVEN DRIVE ALTAMONTE SPR FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	TD WARD, KATHI 459 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THOMAS, J G 401 OAK HAVEN DR. ALTAMONTE SPR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S LEFEVRE, RUTH 503 OAK HAVEN DR ALTAMONTE SPR FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARROLL, ELOISE 471 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP ALBERSHARDT, JILL 410 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RING, RONALD 521 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SELLS, JOANNE 529 OAK HAVEN DR. ALTAMONTE SPR FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SD	☒ Change ☐ Addition

CR2E037 (9/96)

14. I do 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 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.

OAK HARBOUR ASSOCIATION, INC.

1997 ADDITIONAL OFFICERS AND DIRECTORS

7.1	TITLE	D ADDITION
7.2	NAME	POTAMI, CAROL
7.3	STREET ADDRESS	406 OAK HAVEN DR
7.4	CITY- ST- ZIP	ALTAMONTE SPRINGS FL 32701
8.1	TITLE	
8.2	NAME	
8.3	STREET ADDRESS	
8.4	CITY-ST-ZIP	
9.1	TITLE	
9.2	NAME	
9.4	STREET ADDRESS	
9.4	CITY-ST- ZIP	
10.1	TITLE	
10.2	NAME	
10.3	STREET ADDRESS	
10.4	CITY-ST- ZIP	