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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-2058222 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	WARD, KATHI		1.2 NAME		
STREET ADDRESS	459 OAK HAVEN DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPR FL		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE	TD	☒ 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	D	☒ DELETE	3.1 TITLE	PD	☐ Change ☒ Addition
NAME	LEFEVRE, RUTH		3.2 NAME	POTAMI, CAROL	
STREET ADDRESS	503 OAK HAVEN DR		3.3 STREET ADDRESS	406 OAK HAVEN DR	
CITY-ST-ZIP	ALTAMONTE SPR FL		3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	VP	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ALBERSHARDT, JILL		4.2 NAME	HAM, MYRNA	
STREET ADDRESS	410 OAK HAVEN DR.		4.3 STREET ADDRESS	442 OAK HAVEN DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	RING, RONALD		5.2 NAME	LONG, ROLF	
STREET ADDRESS	521 OAK HAVEN DRIVE		5.3 STREET ADDRESS	473 OAK HAVEN DR	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	
TITLE	SD	☐ 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		

14. 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 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 THOMAS 2/25/98

CR2E037 (10/97)