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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755379

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

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

3. Date Incorporated or Qualifed: 12/03/1980

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WARD, KATHI 459 OAK HAVEN DR ALTAMONTE SPR FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD 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 D MASELLIS, MIKE 430 OAK HAVEN DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POTAMI, CAROL 406 OAK HAVEN DR ALTAMONTE SPR FL 32701	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAM, MYRNA 442 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition D REESE, JOHN 453 OAK HAVEN DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LONG, ROLF 473 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition D THOMPSON, TERRY 412 OAK HAVEN DRIVE ALTAMONTE SPRINGS, FL 32701
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD 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	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #