2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State
02-16-2000 90067 022 ****61.25

DOCUMENT # 755379

1. Entity 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HART, JAMES INE W JR. SENTRY MANGEMENT, INC. 2180 WEST SR 434, STE. 5000 LONGWOOD FL 32779-5044	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WARD, KATHI 459 OAK HAVEN DR ALTAMONTE SPR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAM,MYRNA 442 OAK HAVEN DR. ALTAMONTE SPRINGS, FL.32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASELLIS, MIKE 430 OAK HAVEN DRIVE ALTAMONTE SPR FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEFTWICH,BRETT 415 OAK HAVEN DR, ALTAMONTE SPRINGS, FL. 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POTAMI, CAROL 406 OAK HAVEN DR ALTAMONTE SPR FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELLS,JO ANN 529 OAK HAVEN DR. ALTAMONTE SPRINGS, FL. 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAM, MYRNA 442 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON,TERRY 412 OAK HAVEN DR. ALTAMONTE SPRINGS, FL. 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REESE, JOHN 453 OAK HAVEN DRIVE ALTAMONTE SPRINGS FL 32701	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD WARD,KATHI 459 OAK AHVEN DR. ALTAMONTE SPRINGS, FL. 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SELLS, JOANNE 529 OAK HAVEN DR. ALTAMONTE SPR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POTAMI,CAROLE 406 OAK AHVEN DR. ALTAMONTE SPRINGS, FL. 32701	☐ Change ☒ Addition

CR2E037 (9/99)

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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Myrna Ham SIGNATURE REQUIRED MYRNA HAM 01-08-00 407-830-7960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #