

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755379

FILED
Mar 07, 2006
Secretary of State

Entity Name: OAK HARBOUR ASSOCIATION, INC.

Current Principal Place of Business:

2180 W SR 434 #5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434 #5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2058222 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCOMAS, DANA
Address: 450 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD () Delete
Name: POTAMI, CAROLE
Address: 507 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: HARTNETT, BONNIE
Address: 423 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: WARD, KATHLEEN
Address: 459 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DOWLING, CHUCK
Address: 455 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: SAGLIME, SANDRA
Address: 513 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD (X) Change () Addition
Name: KOETZ, ED
Address: 467 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Change (X) Addition
Name: VANVLIET, BILL
Address: 457 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Change (X) Addition
Name: WARD, KATHY
Address: 459 OAK HAVEN DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHUCK DOWLING

PD

03/07/2006

Electronic Signature of Signing Officer or Director

Date