

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90238 019 ****61.25

DOCUMENT # 755379 1. Entity Name OAK HARBOUR ASSOCIATION, INC.					
Principal Place of Business 2180 W SR 434 #5000 LONGWOOD, FL 32779-5044			Mailing Address 2180 W SR 434 #5000 LONGWOOD, FL 32779-5044		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2058222	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HART, JAMES W JR. SENTRY MANGEMENT, INC. 2180 WEST SR 434, STE. 5000 LONGWOOD, FL 32779-5044				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstating)					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOWLING, CHUCK 455 OAK HAVEN DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, SHARON 415 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POTAMI, CAROLE 507 OAK HAVEN DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGUIRE, PATRICIA 406 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SAGLIME, SANDRA 513 OAK HAVEN DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOETZ, ED 467 OAK HAVEN DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANVLIET, BILL 457 OAK HAVEN DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VANVLIET, BILL 457 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, KATHY 459 OAK HAVEN DR ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change ☐ Addition ☐	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>CR Hart - president</i> 4/17/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					