2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90206 003 ****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 32779-5044

☐ CHECK HERE IF MAKING CHANGES

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

HART, JAMES INE 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 **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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MASELLIS, STEPHANIE 430 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☒ Delete	VD DOWLING, CHARLES 455 Oak Haven Dr. Altamonte Springs, FL 32701	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCCOMAS FITZGERALD , DANA 450 OAK HAVEN DR ALTAMONTE SPR FL 32701	☐ Delete	D MCCOMAS FITZGERALD, DANA 450 OAK HAVEN DR. ALTAMONTE SPRINGS, FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOETZ, ED 467 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WHITE, NANACY 452 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARTNETT, BONNIE 423 OAK HAVEN DR ALTAMONTE SPRINGS FL 32701	☐ Delete	SD HARTNETT, BONNIE 423 Oak Haven Dr. Altamonte Springs, FL 32701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SELLS, JO ANN 529 OAK HAVEN DR. ALTAMONTE SPRINGS FL 32701	☐ Delete	PRES. ~~SEA~~	☐ Change ☐ Addition

CR2E037 (10/02)

12. 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: JOANN M. SELLS [illegible] REQUIRED President 3/18/03