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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 2:03

DOCUMENT # 755380 (3)

1. Corporation Name

OAK HARBOUR PROPERTY OWNERS' MASTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
550 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701	550 MAITLAND AVE. ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/03/1980
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2060546 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KEAN, J. SAMUEL
499 OAK HAVEN DRIVE
900 FOX VALLEY DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: Katherine Sorensen
82 Street Address (P.O. Box Number is Not Acceptable): Sorensen Management Group, Inc.
83: 1590 Gay Road
84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Katherine C. Sorensen DATE: 1/30/95
(Signature, type 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CONDON, CHARLES, F	1.2 NAME	
STREET ADDRESS	520-122 OAK TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALAMONTE SPGS, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BENEDETTI, RONALD	2.2 NAME	
STREET ADDRESS	560 MAITLAND AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS, J G	3.2 NAME	
STREET ADDRESS	401 OAK HAVEN DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	KAMINSKY, CRAIG	4.2 NAME	Ellen Freedman
STREET ADDRESS	520-106 OAK TERRACE	4.3 STREET ADDRESS	617-109 Red Oak Circle
CITY-ST-ZIP	ALTAMONTE SPGS FL	4.4 CITY-ST-ZIP	Altamonte Springs, Fl
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RING, RONALD	5.2 NAME	
STREET ADDRESS	521 OAK HAVEN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an address.

SIGNATURE: X Charles F. Condon 1/30/95 831-8686
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OFFICER OR DIRECTOR — Date — Daytime Phone #

CHARLES F. CONDON

0030606

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE $130.00	ANNUAL REPORT $61.25 + $68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is $130.00.

Block 1. Block 1 is preprinted with the corporation's name, document number, mailing address and principal place of business as previously reported to our office. The name of corporation cannot be changed by way of this annual report.

Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.

Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.

Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.

Block 3a. Enter the file date of the last filed annual report, if applicable.

Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) n… …d in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at …

Block 5. Should you desire a certificate reflecting your corporation's status after th… …nal $8.75 with your filing fee.

Block 6. Florida law allows for a voluntary contribution of $5.00 per taxpayer for the… …e offices of the Governor and members of the Cabinet. If you would like to contribute, check the box …

Block 7. If this corporation is a non-profit corporation exempt from Federal tax und… …box. The corporation is not subject to the $68.75 supplemental corporate fee or the $25.00 late … the supplemental corporation fee. Please direct all questions to the IRS at 1-800-829-1040 …

Block 8. Check the appropriate box. Please direct all intangible tax questions to the …

Block 9. The law requires that each corporation have a Registered Agent with a Flor… …the correct information in Block 10. There is no additional fee to change the Registered Agent on th…

Block 10. Enter name of new Registered Agent and/or new address. This must be a F… …or service of process. THE CORPORATION CANNOT BE ITS OWN REGISTERED AGENT but an off…

Block 11. The new registered agent must indicate familiarity with section 607.0505, F… …nent by completing and signing in Block 11. No signature is necessary if the same Registered Agent… …son signing must state their position with the corporation. NOTE: Registered agent signature requi…

Block 12. Block 12 contains the last information on officers/directors reported to our office. Please do not make any marks in block 12; corrections or additions are to be made in block 13. If there is no change in the information, nothing else is required.

Block 13. Block 13 is for changes or additions to the existing Officers/Directors in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: *P=President; V=Vice President; T=Treasurer; S=Secretary; D=Director; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D.* A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".

Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

Send only 1995 Preprinted Annual Reports with stub and check to:

Division of Corporations
Annual Reports
Post Office Box 1500
Tallahassee, Florida 32302-1500
Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:

Annual Reports Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Street Address (Overnight Delivery):
409 East Gaines Street
Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.