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May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 755380 (3)

1. Corporation Name

OAK HARBOUR PROPERTY OWNERS' MASTER 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



3. Date Incorporated or Qualified  
12/03/1980

3a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

HART, JAMES W JR.  
SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5044

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME CONDON, CHARLES, F  
STREET ADDRESS 520-122 OAK TERRACE  
CITY-ST-ZIP ALAMONTE SPGS, FL 00000

TITLE D ☒ DELETE  
NAME GILES, MAHONEY  
STREET ADDRESS 560 MAITLAND AVE.  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE VP ☐ DELETE  
NAME THOMAS, J G  
STREET ADDRESS 401 OAK HAVEN DRIVE  
CITY-ST-ZIP ALTAMONTE SPGS, FL 00000

TITLE D ☒ DELETE  
NAME FREEDMAN, ELLEN  
STREET ADDRESS 617-109 RED OAK CIRCLE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE D ☐ DELETE  
NAME RING, RONALD  
STREET ADDRESS 521 OAK HAVEN DRIVE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE TD ☐ Change ☒ Addition  
1.2 NAME OAKES, ALAN  
1.3 STREET ADDRESS 628-114 LAUREL OAK LN  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

2.1 TITLE D ☐ Change ☒ Addition  
2.2 NAME CUMMERFORD, JIM  
2.3 STREET ADDRESS 641-105 MAPLE OAK CIR  
2.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

3.1 TITLE PD ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE SD ☐ Change ☒ Addition  
4.2 NAME BROWN, DAVID  
4.3 STREET ADDRESS 639-121 LAUREL OAK LN  
4.4 CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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 on an attachment with an address.

SIGNATURE

SIGNATURE OF REGISTERED AGENT: [Signature] 3/10/97

CR2E037 (9/96)