


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

59-2060546

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85

Zip Code

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

TITLE	TO	<input type="checkbox"/> DELETE
NAME	OAKES, ALAN	
STREET ADDRESS	628-114 LAUREL OAK LN	
CITY-ST-ZIP	ALAMONTE SPGS, FL 00000	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CUMMERFORD, JIM	
STREET ADDRESS	641-105 MAPLE OAK CIR.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, J G	
STREET ADDRESS	401 OAK HAVEN DRIVE	
CITY-ST-ZIP	ALTAMONTE SPGS, FL 00000	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	639-121 LAUREL OAK LN	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RING, RONALD	
STREET ADDRESS	521 OAK HAVEN DRIVE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ASHER, JEANNE	
2.3 STREET ADDRESS	665-109 OAK HAVEN DR	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOSS, SUE ANN	
4.3 STREET ADDRESS	608-103 CHESTNUT OAK CIR	
4.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SELLS, JOANNE	
5.3 STREET ADDRESS	529 OAK HAVEN DR	
5.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	TIPTON, MARY JO	
6.3 STREET ADDRESS	665-101 OAK HARBOUR DR	
6.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701	

14. 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 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: *Jeane D. Asher* JEANNE D. ASHER Feb 25, 1998

CP2E037 (10/97)