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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

(3)

OAK HARBOUR PROPERTY OWNERS' MASTER ASSOCIATION,

FILED Mar 26 1998 8:00am Secretary of State

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Sulte, Apt. #, etc.	Principal Place of Business Mailing Address							'	1 (40)11 1016/ 6(16) 61106 (110) 16(1) 20(1 010)/ 6(0)/ 6(0)/ 6(0)/ 610/ 610/ 610/ 610/				
## Applied For Sp-206546 September Sp-206546 S								l:		ed		,	
## Principal Place of Business 2a Mailing Address 59-2060546 \$8.75 Additional \$8.											I IAD	plied For	
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City & State City & Country 28	Suite, Apt. #, etc.							6. Elect	tion Campaign Financin	g	\$5.00	vlav Be	
City & State City & State City & State City & State City 28 No Country	22			27				Trust	Fund Contribution		Added to	Fees	
Section Sect	City & State			City & State				7. Is thi	s nonprofit corporation			1?	
Personal Property Tax due June 30.	23												
HART, JAMES W JR. SENTRY MANAGEMENT, INC. 2180 WEST 843, SUITE 5000 LONGWOOD FL 32779-5044 11. Pursuant to the provisions of Sections 617 0502 and 617 1508, Florida Statutes. The above-named corporation submite this statement for the purpose of changing its 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, 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, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature hydrod or printed name of registered agent and title if application OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE TO OFFICERS AND DIRECTORS 11. TITLE OAKES, ALAN STREET ADDRESS 628-114 LAUREL OAK LN 1.2 TITLE OAKES, ALAN STREET ADDRESS 628-114 LAUREL OAK LN 1.2 TITLE OAKES, ALAN STREET ADDRESS 628-114 LAUREL OAK CR. 2.2 TITLE OAKES, ALAN STREET ADDRESS 641-105 MAPLE OAK CR. ALTAMONTE SPRINGS FL DELETE 3. TITLE PD ALTAMONTE SPRINGS FL 1.2 TITLE PD ALTAMONTE SPRINGS FL 1.3 STREET ADDRESS 4.1 TITLE SD ALTAMONTE SPRINGS FL 1.4 CHY-ST-2P ALTAMONTE SPRINGS FL 1.5 STREET ADDRESS 4.1 TITLE SD ALTAMONTE SPRINGS FL Change IXI Addition ALTAMONTE SPRINGS FL ALTAMONTE SPRINGS FL 4.1 TITLE DATE Change IXI Change IXI Change IXI Addition ALTAMONTE SPRINGS FL 3. STREET ADDRESS 4.1 TITLE SD ALTAMONTE SPRINGS FL 4.1 TITLE DATE Change IXI Change IXI Addition ALTAMONTE SPRINGS FL 3. STREET ADDRESS 4.1 TITLE SD ALTAMONTE SPRINGS FL 3. STREET ADDRESS ALTAMONTE SPRINGS FL 3. STREET ADDRES		· ·	⊢	Zip	\vdash	untry							
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, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florids Statutes. SIGNATURE TITLE TO OFFICERS AND DIRECTORS TITLE TO OAKES, ALAN 628-114 LAUREL OAK LN ALAMONTE SPGS, FL 00000 DELETE 1.1 TITLE D DELETE 2.1 TITLE D DELETE 2.1 TITLE D DELETE 2.1 TITLE D DELETE 3.2 TITLE D DELETE 3.2 TITLE D CUMMERFORD, JIM STREET ADDRESS 641-105 MAPLE OAK CIR. ALTAMONTE SPRINGS FL TO ALTAMONTE SPRINGS FL TO DELETE 3.3 TITLE ALTAMONTE SPRINGS FL 3.4 TITLE D DELETE 3.1 TITLE ALTAMONTE SPRINGS FL 3.2 NAME 3.2 STREET ADDRESS 401 OAK HAVEN DRVE 4.1 TITLE SD THOMAS, J G 401 OAK HAVEN DRVE 4.2 AMME 839-121 LAUREL OAK LN 4.3 STREET ADDRESS CITY-ST-2P ALTAMONTE SPRINGS FL 4.1 TITLE SD ALTAMONTE SPRINGS FL TITLE D D DELETE 3.1 TITLE SD ALTAMONTE SPRINGS FL 4.1 TITLE SD ALTAMONTE SPRINGS FL CHORGE STREET ADDRESS CITY-ST-2P ALTAMONTE SPRINGS FL 4.1 TITLE SD ALTAMONTE SPRINGS FL CHORGE STREET ADDRESS CITY-ST-2P ALTAMONTE SPRINGS FL SD ALTAMONTE SPRINGS FL STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P STREET ADDRESS CITY-ST-2P ALTAMONTE SPRINGS FL STREET ADDRESS CITY	24	11			30]	1						1 No	
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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's board of directors. I hereby accept the appointment as 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 SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 14. TITLE 15. TITL						"	1401110						
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Signature typed or printed name of registered Agent aligneture required when reinstating) DATE													
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CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701													

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 trustye empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if enamped, or on an attachment with an address.