
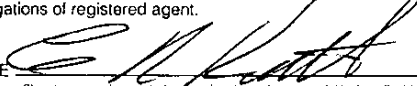
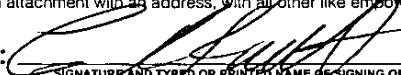


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90003 001 ****61.25

DOCUMENT # N13880			
1. Entity Name OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.			
Principal Place of Business 400 TONEY PENNA DR JUPITER, FL 33458		Mailing Address C/O DICKINSON MGMT INC 400 TONEY PENNA DRIVE JUPITER, FL 33458 US	
2. Principal Place of Business <i>C/O Prime Management</i> Suite, Apt. #, etc. <i>400 Toney Penna Drive</i> City & State <i>Jupiter, FL</i> Zip <i>33458</i> Country <i>US</i>		3. Mailing Address <i>C/O Prime Management</i> Suite, Apt. #, etc. <i>400 Toney Penna Drive</i> City & State <i>Jupiter, FL</i> Zip <i>33458</i> Country <i>US</i>	
05092006 Chg-NP		CR2E037 (4/06)	
4. FEI Number 59-2722601		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JENNIFER C/O DICKINSON MANAGEMENT INC 400 TONEY PENNA DRIVE JUPITER, FL 33458		7. Name and Address of New Registered Agent Name <i>Knuth, CHARLES</i> Street Address (P.O. Box Number is Not Acceptable) <i>546 Oak Harbour Dr</i> City <i>JUNO BEACH</i> FL Zip Code <i>33408</i>	
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 		KNUTH, CHARLES	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		07/26/06	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD KNUTH, CHARLES 546 OAK HARBOUR DR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTAGNA, RALPH 537 OAK HARBOUR DR. JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PISCIOFFO, LENNY 536 OAK HARBOUR DRIVE NORTH PALM BEACH, FL 33408 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MARCUS 522 OAK HARBOUR DR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, PRISCILLA 543 OAK HARBOUR DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date <i>7-26-06</i> ⁵⁶¹ Daytime Phone # <i>648327</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	