


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90082 032 \*\*\*\*61.25

**DOCUMENT # N13880**

1. Entity Name  
**OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.**



Principal Place of Business  
**C/O PRIME MGMT**  
~~400 TONEY PENNA DR~~  
**JUPITER, FL 33458**

Mailing Address  
**C/O PRIME MGMT**  
~~400 TONEY PENNA DR~~  
**JUPITER, FL 33458 US**

2. Principal Place of Business - No P.O. Box #  
**C/O PRIME MGMT**

3. Mailing Address  
**C/O PRIME MGMT**

Suite, Apt. #, etc.  
**2074 W. Indiantown RD #200**

City & State  
**Jupiter, FL**

City & State  
**Jupiter, FL**

Zip  
**33458**

Country  
**U.S.**

Zip  
**33458**

Country  
**U.S.**

01252007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2722601**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KNUTH, CHARLES**  
**546 OAK HARBOUR DR**  
**JUNO BEACH, FL 33408**


7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 *x*  DATE **4/20/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

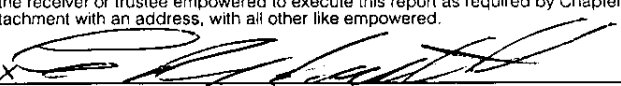
10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNUTH, CHARLES	
STREET ADDRESS	546 OAK HARBOUR DR	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CASTAGNA, RALPH	
STREET ADDRESS	537 OAK HARBOUR DR	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	WRIGHT, MARCUS	
STREET ADDRESS	522 OAK HARBOUR DR	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DODGE, PRISCILLA	
STREET ADDRESS	543 OAK HARBOUR DRIVE	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D HIRSCH, NORM</b>	
STREET ADDRESS	<b>518 OAK HARBOUR DR</b>	
CITY-ST-ZIP	<b>JUNO BEACH, FL 33408</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *x*  DATE **4/20/07** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR