


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90036 031 ****61.25

DOCUMENT # N13880
 1. Entity Name
OAK HARBOUR CONDOMINIUM fi ASSOCIATION, INC.



Principal Place of Business
**C/O PRIME MGMT
 2074 W INDIANTOWN RD #200
 JUPITER, FL 33458**

Mailing Address
**C/O PRIME MGMT
 2074 W INDIANTOWN RD #200
 JUPITER, FL 33458 US**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

City & State
 Zip Country

City & State
 Zip Country

40050011



01072008 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 _____ DATE _____
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, 2008**

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	D	<input type="checkbox"/> Delete
NAME	HIRSCH, NORM	
STREET ADDRESS	518 OAK HARBOUR DR	
CITY-ST-ZIP	JUNO BEACH, FL 33408	
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 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		
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: Charles Knuth **Charles Knuth** 2/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #