FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

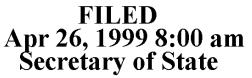
DOCUMENT # N9500001577

1. Corporation Name

OLD HARBOR PLACE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
2180 W. SR. 434
SUITE 5000
LONGWOOD FL 32779

Mailing Address 2180 W. SR. 434 SUITE 5000 LONGWOOD FL 32779



04-26-1999 90048 039 ****61.25



—, :	ace of Business	2a. Mailing Address			3.	03/30/1995		-	
Suite, Act.	# etc.	Suite, Apt. #, etc.			4.	FEI Number	Ap	lied For	
22	, 5.5.	27				58-2281440	No	Applicable	
City & State	Ð	City & State			5	Certificate of Status Desired	\$8.75 A	ditional	
23		28			J.	Certificate of Status Desired	Fee Re	uired	
Zip	Country	Zip Country			6.	Election Campaign Financing	\$5.00		
24	25 29 30				Trust Fund Contribution Added to Fees				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent									
			8		ΗΔΩΤ	JAMES W JR			
ROBIN, TRACY J ESQ.				82 Street Address (P.O. Box Number is Not Acceptable)					
AKERMAN, SENTERFITT & EIDSON, P.A.				SENTRY MANAGEMENT, INC.					
100 S. A	8	2180 W SR 434 STE 5000							
TAMPA FL 33602				4 City	2100	W 3K 434 31E 5000	. 85 Zip C	ode	
				1	LONG	WOODF	L 32	779	
11 Description of Systems 617 0502 and 617 1508. Florida Statutes, the above-named composition 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 (lirectors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									
SIGNATURE	41.					4/21/99			
SIGNATURE	Signature, typed or printed name of registered agent			ent signature requir			LUB BIBEOTO	510 151 40	
12.	OFFICERS AND		13.	 		ADDITIONS/CHANGES TO OFFICERS.			
TITLE	PD	⊠ DELETE	1.1 TITLE			•	☐ Change	☐ Addition	
NAME	ROSS, D. SCOTT		1.2 NAME						
STREET ADDRESS	260 FRANKLIN STREET		1.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BOSTON MA 02110		1.4 CITY-	ST-ZIP					
TITLE	STD	(X) DELETE	2.1 TITLE				Change	Addition	
NAME	NOWAK, PETER		2.2 NAME						
STREET ADDRESS	260 Franklin Street		2.3 STRE	ET ADDRESS					
CITY-ST-ZIP	BOSTON MA 02110		2.4 CITY	-ST-ZIP					
TITLE	VD	⅓ DELETE	3.1 TITLE				Change	☐ Addition	
NAME	rahal, Belinda		3.2 NAME					(
STREET ADORESS	550 REO ST., SUITE 300		3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	TAMPA FL 33609		3.4. CITY						
TITLE		☐ DELETE	4.1 TITLE	1 '	ָּ ָּםִי		☐ Change	Addition	
NAME			4. 2 NAM	E M	15 Y 5 1	RS, EDWARD J			
STREET ADDRESS			4.3 STRE	F FAIRINESS I		OÁK RIDGE RD			
CITY-ST-ZIP			4.4 CITY-	31-AP 3		TY HARBOR FL 34695			
TITLE		☐ DELETE	5.1 TITLE	1 '	<i>I</i> D		Change	X Addition	
NAME			5.2 NAME			EYNOLDS, MARTHA		İ	
STREET ADDRESS		-	5.3 STRE	ET ADDRESS 1	L03 N	MASTERS LANE			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP S	SAFET	TY HARBOR FL 34695			
TITLE		☐ DELETE	6.1 TITLE	S	STD		Change	X Addition	
NAME			6.2 NAME	⊧ S	SOULL	LIERE, DIANA		1	
STREET ADDRESS	,		6.3 STRE			ANGLERS CT			
	i		1						

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 is supplemental annual report is true and accurate shall have the same legal effect as if made under oath; that I am an officer or director of the corporation error erro

SIGNATURE:

813-244-6182 Daytime Phone #