

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001577

FILED  
Apr 13, 2007  
Secretary of State

**Entity Name:** OLD HARBOR PLACE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

2180 W. SR. 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W. SR. 434  
SUITE 5000  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 58-2281440      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W ST 434 STE 5000  
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEREIRA, KEN  
Address: 1822 OAK RIDGE RD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VPD ( ) Delete  
Name: CONLEY, TOM  
Address: 1712 ANGLERS CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD ( ) Delete  
Name: KAILING, DAVID  
Address: 1705 ANGLERS CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD ( ) Delete  
Name: TERMULO, REGGIE  
Address: 1802 OAK RIDGE RD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D ( ) Delete  
Name: JAMES, BERNIE  
Address: 1811 OAK RIDGE RD  
City-St-Zip: SAFETY HARBOR, FL 34695

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: PEAK, ERIN  
Address: 107 MASTERS LN  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN PEREIRA

PD

04/13/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date