

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001577

FILED  
Apr 06, 2010  
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 WEST SR 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: VPD  
Name: GROESBECK, DENISE  
Address: 204 HANCOCK CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: SD  
Name: VICENTE, CHRISTINE  
Address: 1707 ANGLERS CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: TD  
Name: SOULLIERE, GREG  
Address: 1727 ANGLERS CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: PD  
Name: TERMULO, REGINALD  
Address: 1802 OAK RIDGE RD  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D  
Name: LOGAN, CHRISTOPHER  
Address: 208 HANCOCK CT  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

SIGNATURE: REGINALD TERMULO

PD

04/06/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date