## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000010206

Entity Name: OAK HARBOUR COMMUNITY ASSOCIATION, INC.

FILED Feb 02, 2024 Secretary of State 8942297547CC

# **Current Principal Place of Business:**

SOUTH JONES LOOP ROAD PUNTA GORDA. FL 33950

# **Current Mailing Address:**

C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA. FL 33950 US

FEI Number: 30-0870489 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STAR HOSPITALITY MANAGEMENT C/O STAR HOSPITALITY MANAGEMENT 26530 MALLARD WAY PUNTA GORDA, FL 33950 US

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: SHERRY DANKO 02/02/2024

Electronic Signature of Registered Agent

Date

### Officer/Director Detail:

 Title
 S/T
 Title
 DIRECTOR

 Name
 MASTROIANNI, JOE
 Name
 BROWN, PAM

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY MANAGEMENT MANAGEMENT

MANAGEMENT 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title P Title VP

Electronic Signature of Signing Officer/Director Detail

Name RIDGLEY, JUDY Name HENSON, JACKIE

Address C/O STAR HOSPITALITY Address C/O STAR HOSPITALITY

MANAGEMENT MANAGEMENT

26530 MALLARD WAY 26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950 City-State-Zip: PUNTA GORDA FL 33950

Title DIRECTOR

Name CONNORS, JUNE

Address C/O STAR HOSPITALITY

MANAGEMENT

26530 MALLARD WAY

26530 MALLARD WAY

City-State-Zip: PUNTA GORDA FL 33950

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.