### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001577

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

**FILED** Mar 11, 2022 **Secretary of State** 3662985421CC

## **Current Principal Place of Business:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779

# **Current Mailing Address:**

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 US

FEI Number: 58-2281440 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

SENTRY MANAGEMENT INC 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 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: BRADLEY POMP 03/11/2022

> Date Electronic Signature of Registered Agent

### Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name JAMES, BERNIE Name LOGAN, CHRISTOPHER 2180 WEST SR 434 STE 5000 2180 WEST SR 434 STE 5000 Address Address

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

TREASURER, DIRECTOR Title SECRETARY, DIRECTOR Title

Name KAILING, ANITA Name FAW, JOE

Address 2180 WEST SR 434 STE 5000 Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title **DIRECTOR** DIRECTOR Title

LAWRENCE, LEWIS Name Name JACOBS, JACK

2180 WEST SR 434 STE 5000 Address Address 2180 WEST SR 434 STE 5000 City-State-Zip: LONGWOOD FL 32779

City-State-Zip: LONGWOOD FL 32779

Electronic Signature of Signing Officer/Director Detail

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.