## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000001577

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

FILED
Apr 24, 2021
Secretary of State
1723045314CC

# **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 04/24/2021

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP, DIRECTOR

Name JAMES, BERNIE Name LOGAN, CHRISTO

NameJAMES, BERNIENameLOGAN, CHRISTOPHERAddress2180 WEST SR 434 STE 5000Address2180 WEST SR 434 STE 5000

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

Title SECRETARY, DIRECTOR Title TREASURER, DIRECTOR

Name FAW, JOE Name KAILING, ANITA

 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 Title DIRECTOR

Name JACOBS, JACK Name LAWRENCE, LEWIS

 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

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: BERNI E JAMES PRESIDENT 04/24/2021