


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90156 033 \*\*\*\*70.00

<b>DOCUMENT # N02060003267</b>	
1. Entity Name <b>OAK HARBOUR HOMEOWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1914 ART MUSEUM DR JACKSONVILLE FL 32207</b>	Mailing Address <b>1914 ART MUSEUM DR JACKSONVILLE FL 32207</b>
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2. Principal Place of Business <i>THE NEIGHBORHOOD MANAGERS, INC</i> Suite, Apt. #, etc. <b>79 MASTERS DRIVE</b> City & State <b>ST AUGUSTINE, FL</b> Zip <b>32084</b> Country <b>ST JOHNS</b>	3. Mailing Address <i>OAK HARBOUR HOMEOWNERS ASSOC</i> Suite, Apt. #, etc. <b>P.O. Box 600035</b> City & State <b>FRUIT COVE, FL</b> Zip <b>32260</b> Country <b>ST JOHNS</b>
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1st MOORE CR2E037 (10/05)

4. FEI Number <b>57-1157175</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>PYBURN, WILLIAM T III 1914 ART MUSEUM DR JACKSONVILLE FL 32207</b>	
7. Name and Address of New Registered Agent Name <b>MS. JAN HERREN</b> Street Address (P.O. Box Number is Not Acceptable) <b>THE NEIGHBORHOOD MANAGERS, INC.</b> <b>79 MASTERS DRIVE</b> City <b>ST AUGUSTINE</b> FL Zip Code <b>32084</b>	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Janice E. Herren* DATE 4/26/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP PYBURN, WILLIAM T III 1914 ART MUSEUM DR JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAURENCE F. GRAYSHAN 176 LIGE BRANCH LANE FRUIT COVE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TROUP, KEVIN 1914 ART MUSEUM DR. JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT HAROLD R. HINES 170 WIGE BRANCH LANE FRUIT COVE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS TOWERS, LAWRENCE R 1914 ART MUSEUM DR. JACKSONVILLE FL 32207 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CHARLETHA DE CLOUET 445 SARA TOWERS LANE FRUIT COVE, FL 32259 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janice E. Herren* DATE: 4/26/06 (904) 387-1184