2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2008 8:00 am
Secretary of State
07-07-2008 90002 022 ****61.25

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1. Entity Name
OAK HARBOUR HOMEOWNERS ASSOCIATION, INC.

66015574

Principal Place of Business	Mailing Address
%THE NEIGHBORHOOD MANAGERS, INC. 79 MASTERS DRIVE SAINT AUGUSTINE, FL 32084 US	%THE NEIGHBORHOOD MANAGERS, INC. P.O. BOX 600035 FRUIT COVE, FL 32260 US

06092008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	c/o The Neighborhood Mgrs Inc Suite, Apt. #, etc. 79 Masters Drive
City & State	City & State St. Augustine, FL
Zip / Country	Zip 32084 / Country USA

4. FEI Number 57-1157175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEBREN, JAN %THE NEIGHBORHOOD MANAGERS, INC. 79 MASTER DRIVE SAINT AUGUSTINE, FL 32084	Name: Herren, Jan Street Address (P.O. Box Number is Not Acceptable): The Neighborhood Managers, Inc. 79 Masters Drive City: St. Augustine FL Zip Code: 32084

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: Jamie C Herren 6/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRAYSHAN, LAWRENCE F 176 LIGE BRANCH LANE FRUIT COVE, FL 32259	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dixon, Chris 309 Sun Marsh Ct. Fruit Cove, FL 32259	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT HINES, HAROLD R 170 LIGE BRANCH LANE FRUIT COVE, FL 32259	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ARCIPRETE, ANTHONY 159 LIGE BRANCH LN FRUIT COVE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Arciprete, Anthony 159 Lige Branch Ln Fruit Cove, FL 32259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DENNISON, MICHAEL 226 LIGE BRANCH LN JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZALKAN, KIMBERLY 155 LIGE BRANCH LN JACKSONVILLE, FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Zalkan, Kimberly 155 Lige Branch Ln Fruit Cove, FL 32259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Cure', Thomas 441 Sarah Towers Ln Fruit Cove, FL 32259	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Anthony Arciprete
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #