

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003267

FILED
Apr 24, 2009
Secretary of State

Entity Name: OAK HARBOUR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O THE NEIGHBORHOOD MANAGERS, INC.
79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

C/O THE NEIGHBORHOOD MANAGERS, INC.
P.O. BOX 600035
FRUIT COVE, FL 32260 US

New Mailing Address:

C/O THE NEIGHBORHOOD MANAGERS, INC.
79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

FEI Number: 57-1157175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEBREN, JAN
THE NEIGHBORHOOD MANAGERS, INC.
79 MASTER DRIVE
SAINT AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

HERREN, JANICE L
THE NEIGHBORHOOD MANAGERS, INC.
79 MASTER DRIVE
SAINT AUGUSTINE, FL 32084 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: JANICE L. HERREN

04/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DIXON, CHRIS
Address: 309 SUN MARSH CT
City-St-Zip: FRUIT COVE, FL 32259

Title: P () Delete
Name: ARCIPRETE, ANTHONY
Address: 159 LIGE BRANCH LN
City-St-Zip: FRUIT COVE, FL 32259

Title: T () Delete
Name: ZALKAN, KIMBERLY
Address: 155 LIGE BRANCH LN
City-St-Zip: FRUIT COVE, FL 32259

Title: SD () Delete
Name: DENNISON, MICHAEL
Address: 226 LIGE BRANCH LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: LURE, THOMAS
Address: 441 SARAH TOWERS LN
City-St-Zip: FRUIT COVE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: ARCIPRETE, ANTHONY
Address: 159 LIGE BRANCH LN
City-St-Zip: FRUIT COVE, FL 32259

Title: TD (X) Change () Addition
Name: ZALKAN, KIMBERLY
Address: 155 LIGE BRANCH LN
City-St-Zip: FRUIT COVE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: CURE, THOMAS
Address: 441 SARAH TOWERS LN
City-St-Zip: FRUIT COVE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY ARCIPRETE

PD

04/24/2009

Electronic Signature of Signing Officer or Director

Date