

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003267

FILED
Apr 06, 2010
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.
79 MASTERS DRIVE
SAINT AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 57-1157175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD
Name: DIXON, CHRIS
Address: 309 SUN MARSH CT
City-St-Zip: JACKSONVILLE, FL 32259

Title: PD
Name: ARCIPRETE, ANTHONY
Address: 159 LIGE BRANCH LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD
Name: NOACK, STEVE
Address: 412 SARAH TOWERS LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: DENNISON, MICHAEL
Address: 226 LIGE BRANCH LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD
Name: CURE, THOMAS
Address: 441 SARAH TOWERS LN
City-St-Zip: JACKSONVILLE, FL 32259

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: TONY ARCIPRETE

PD

04/06/2010

Electronic Signature of Signing Officer or Director

Date