2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT



FILED Apr 24, 2006 8:00 am Secretary of State

DOCUMENT # N05000009480 1. Entity Name OAK HARBOUR COMMUNITY ASSOCIATION, INC.							90388 048 ****61.		
Principal Place of Business 4470 FOWLER ST FT MYERS, FL 33901 Mailing Address 4470 FOWLER ST FT MYERS, FL 33901 FT MYERS, FL 33901			1		- (1888)(9) 40 800	II BIIN BBN 88N 8	NIK STIK SNIP TRIK BIBBI INK DE	:(MB) B) 1881	
Principal Place of Business 3. Mailing A			ig Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172006 C	Chg-NP	CR2E037 (11/05)		
City & State		City & State			4. FEI Number		- - \ - \	oplied For	
Zip	Country	Zip	Coun	ntry	5. Certificate of S	Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current F	legistered Agent			7. Name and Ad	dress of New	Registered Agent		
DOND KEVIN				Name	ne				
BOND, KEVIN 3450 BUSCHWOOD PARK DR STE 250 TAMBA EL 33618			-	Street Address (P.O. Box Number is Not Acceptable)					
TAMPA, FL 33618			City				FL Zip Cod	e	
	named entity submits this statement for one of registered agent.	the purpose of changing i	ts registered	d office or re	gistered agent, or both, in	n the State of F	lorida. I am familiar with,	and accept	
SIGNATURE									
Si Si	lignature, typed or printed name of registered agent a	nd title if applicable. (NO	OTE: Registered A	Agent signature r	required when reinstating)		DATE		
F	Filling Fee Is \$61.25 Due by May 1, 2006	9. Election C		nancing	\$5.00 May Be	4	Make check payable to		
F	Filing Fee Is \$61.25	9. Election C Trust Fund	ampaign Fin	nancing nn.	\$5.00 May Be Added to Fees ADDITIONS/CHANC	Flo	Make check payable to	tate	
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Thereby 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:

AND THE RIGHT OF SIGNING OFFICER OR DIRECTOR

DH

Date