2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005
Secretary of State

DOCUMENT# N05088

Entity Name: OAK HARBOUR, SECTION THREE, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2451758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W
2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 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: PD ( ) Delete
Name: SACHS, RONALD
Address: 610-114 MAPLE OAK CIRCLE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VPD ( ) Delete
Name: CONDON, CHARLES
Address: 520-122 OAK TERR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: STD ( ) Delete
Name: CHESTANG, CONCHITA
Address: 632-108 RED OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: HOWLE, MYRNA D
Address: 520-110 OAK TERR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D ( ) Delete
Name: GINGOLD, ALBERT
Address: 520-114 OAK TERR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: WEINSTEIN, SUSAN
Address: 630-110 MAPLE OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

Title: TD (X) Change ( ) Addition
Name: GINGOLD, ALBERT
Address: 520-114 OAK TERR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RONALD SACHS PD 03/04/2005

Electronic Signature of Signing Officer or Director — Date