2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05088

FILED Mar 07, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 32779 **New Mailing Address: Current Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-2451758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SACHS, RONALD Name: Name: 610-114 MAPLE OAK CIRCLE Address: Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: () Delete Title: () Change () Addition CONDON, CHARLES Name: Name: Address: 520-122 OAK TERR Address: City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: () Delete Title: SD (X) Change () Addition WEINSTEIN, SUSAN HOWLE, DIANNE Name: Name: 630-110 MAPLE OAK CIR Address: Address: 520-110 OAK TERR City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: TD (X) Change () Addition Name: HOWLE, MYRNA D Name: BOBELE, RON Address: 520-110 OAK TERR Address: 614-108 RED OAK CIR City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 Title: () Delete Title: (X) Change () Addition GINGOLD, ALBERT Name: Name: HOLMES, DON 610-118 CHESTNUT OAK CIR Address: 520-114 OAK TERR Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: 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 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: RONALD SACHS PD 03/07/2006