
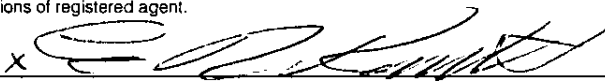
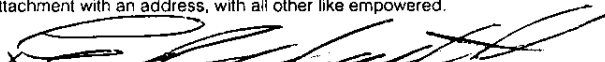


FILED
Apr 23, 2007 8:00 am
Secretary of State

<h1>DOCUMENT # N13880</h1>		
1. Entity Name OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.		
Principal Place of Business C/O PRIME MGMT 400 TONEY PENNA DR JUPITER, FL 33458		Mailing Address C/O PRIME MGMT 400 TONEY PENNA DR JUPITER, FL 33458 US
2. Principal Place of Business - No P.O. Box # C/O PRIME MGMT Suite, Apt. #, etc. 2074 W. Indiantown RD #200 City & State Jupiter, FL Zip 33458 Country U.S.		3. Mailing Address C/O PRIME MGMT Suite, Apt. #, etc. 2074 W. Indiantown RD #200 City & State Jupiter, FL Zip 33458 Country U.S.
6. Name and Address of Current Registered Agent		
KNUTH, CHARLES 546 OAK HARBOUR DR JUNO BEACH, FL 33408		Name
		Street Address
		City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNUTH, CHARLES 546 OAK HARBOUR DR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTAGNA, RALPH 537 OAK HARBOUR DR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MARCUS 522 OAK HARBOUR DR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DODGE, PRISCILLA 543 OAK HARBOUR DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D H/R 518 JH	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 61, F.S., and that the information contained in this report or supplemental report is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 61, F.S., changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		