

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15510

FILED
Mar 11, 2007
Secretary of State

Entity Name: OCEAN HARBOR CONDOMINIUM OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

2836 COASTAL HIGHWAY
ST. AUGUSTINE, FL 32084 US

New Principal Place of Business:

Current Mailing Address:

445 WATER SHADOW LANE
ALPHARETTA, GA 300224036 US

New Mailing Address:

FEI Number: 59-2699122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TUTEN, DENA
5495 A1A SOUTH
SAINT AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

SCHUTES, DORIS C
2836 COASTAL HIGHWAY
3
SAINT AUGUSTINE, FL 32084 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: DORIS C. SCHUTES

03/11/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHUTES, JEFF
Address: 445 WATER SHADOW LANE
City-St-Zip: ALPHARETTA, GA 30044

Title: VPD () Delete
Name: MILLER, SCOTT
Address: 12815 ALLADIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TSD () Delete
Name: SCHUTES, DORIS
Address: 445 WATER SHADOW LANE
City-St-Zip: ALPHARETTA, GA 30044 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SCHUTES, JEFFERY J
Address: 445 WATER SHADOW LANE
City-St-Zip: ALPHARETTA, GA 300224036 US

Title: VPD (X) Change () Addition
Name: MILLER, SCOTT C
Address: 12815 ALLADIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TSD (X) Change () Addition
Name: SCHUTES, DORIS C
Address: 445 WATER SHADOW LANE
City-St-Zip: ALPHARETTA, GA 300224036 US

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: DORIS C. SCHUTES

TSD

03/11/2007

Electronic Signature of Signing Officer or Director

Date