

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23053

FILED
Mar 04, 2005
Secretary of State

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

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2858563 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, JAMES W JR
2180 W SR 434 STE 5000
LONGWOOD, FL 327795 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: VPD () Delete
Name: KIEFER, LOIS
Address: 660 POST OAK CIR #118
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SD () Delete
Name: RATHMAN, JANICE
Address: 670-118 POST OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TD () Delete
Name: HAM, MYRNA
Address: 683-121 POST OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: HUBBARD, BONNIE
Address: 664-108 SCARLET OAK CIR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIEFER, LOIS
Address: 660 POST OAK CIR #118
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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

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

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

Title: VPD () Change (X) Addition
Name: WALLACE, JOE
Address: 665-105 OAK HAVEN DR
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: LOIS KIEFER

PD

03/04/2005

Electronic Signature of Signing Officer or Director

Date