


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90004 009 ****61.25

DOCUMENT # N28070			
1. Entity Name GRAND BAY AT OAK HARBOUR HOMEOWNER'S ASSOCIATION, INC.			
Principal Place of Business C/O DICKINSON MGMT. INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458		Mailing Address C/O DICKINSON MGMT. INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458	
2. Principal Place of Business <i>C/o Prime Management</i>		3. Mailing Address <i>C/o Prime Management</i>	
Suite, Apt. #, etc. <i>400 Toney Penna Drive</i>		Suite, Apt. #, etc. <i>400 Toney Penna Drive</i>	
City & State <i>Jupiter, FL</i>		City & State <i>Jupiter, FL</i>	
Zip <i>33458</i>	Country <i>US</i>	Zip <i>33458</i>	Country <i>US</i>
6. Name and Address of Current Registered Agent MILLER, JENNIFER DICKINSON MANAGEMENT, INC. 400 TONEY PENNA JUPITER, FL 33458		4. FEI Number 65-0112282	
7. Name and Address of New Registered Agent Name <i>JOHN TAGUE</i> Street Address (P.O. Box Number is Not Acceptable) <i>PRIME MANAGEMENT INC.</i> <i>400 TONEY PENNA</i> City <i>JUPITER FL</i> FL Zip Code <i>33458</i>		Applied For Not Applicable	
8. 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. I am familiar with, and accept the obligations of registered agent.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE <i>[Signature]</i> EXEC V.P.		DATE <i>8/2/2006</i>	
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CUSUMANO, ROBERT 41 GRAND BAY CIRCLE JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Lombardi, Peter</i> <i>35 Grand Bay Cir</i> <i>Juno Beach, FL 33408</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VED EKEY, RICHARD 5 GRAND BAY CIRCLE JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec CALLAGHAN, JOHN 24 GRAND BAY CIRCLE JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FERGUSON, GARY 8 GRAND BAY CIRCLE JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDEN, RICHARD 3 GRAND BAY CIRCLE JUNO BEACH, FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Stern, Michael</i> <i>12 Grand Bay Circle</i> <i>Juno Beach, FL 33408</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i>		Date <i>8/1/06</i> Daytime Phone # <i>561-622-8825</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	