

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90001 041 ****61.25

DOCUMENT # N34367 1. Entity Name OAK HARBOUR CONDOMINIUM III ASSOCIATION, INC.			
Principal Place of Business C/O DICKINSON MGMT. INC. 400 TONEY PENNA DR JUPITER, FL 33458		Mailing Address C/O DICKINSON MGMT. INC. 400 TONEY PENNA DR JUPITER, FL 33458 US	
2. Principal Place of Business <i>To Prime Mgmt, Inc</i> Suite, Apt. #, etc. <i>400 Toney Penna Dr</i>		3. Mailing Address <i>To Prime Mgmt Inc</i> Suite, Apt. #, etc. <i>400 Toney Penna Dr</i>	
City & State <i>Jupiter FL</i>		City & State <i>Jupiter FL</i>	
Zip <i>33458</i>		Country <i>US</i>	
4. FEI Number 65-0139494		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JENNIFER C/O DICKINSON MANAGEMENT, INC 400 TONEY PENNA DR JUPITER, FL 33458		7. Name and Address of New Registered Agent Name JOHN TAGUE Street Address (P.O. Box Number is Not Acceptable) C/O PRIME MANAGEMENT 400 TONEY PENNA DRIVE City JUPITER FL Zip Code 33458	
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.			
SIGNATURE JOHN TAGUE EXEC. V.P.		DATE 07/07/06	
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 VPD NAME FLEMING, ROBERT STREET ADDRESS 922 OAK HARBOUR DR. CITY-ST-ZIP JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE <i>President</i> NAME <i>Wayne McCormick</i> STREET ADDRESS <i>447 Oak Harbour Dr</i> CITY-ST-ZIP <i>Juno Beach FL 33408</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME BECK, ROGER STREET ADDRESS 942 OAK HARBOUR DR CITY-ST-ZIP JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE <i>Vice President</i> NAME <i>Mary Ann Fleming</i> STREET ADDRESS <i>922 Oak Harbour Dr.</i> CITY-ST-ZIP <i>Juno Beach FL 33408</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME HARRIS, JANE STREET ADDRESS 924 OAK HARBOUR DRIVE CITY-ST-ZIP JUNO BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE <i>SECRET</i> NAME <i>JOYCE NUGENT</i> STREET ADDRESS <i>933 OAK HARBOUR DR</i> CITY-ST-ZIP <i>JUNO BEACH 33408</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>Treasurer</i> NAME <i>John Passarello</i> STREET ADDRESS <i>927 Oak Harbour Dr.</i> CITY-ST-ZIP <i>Juno Beach FL 33408</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <i>MHC Rep.</i> NAME <i>Dr. Richard Gray</i> STREET ADDRESS <i>918 Oak Harbour Dr</i> CITY-ST-ZIP <i>Juno Beach FL 33408</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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>Mary Ann Fleming VP.</i>		DATE 5/23/06 DAYTIME PHONE 610-496-8270	