

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90008 001 ****61.25

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DOCUMENT # N93000005740 1. Entity Name COURTYARD CAY AT OAK HARBOUR HOMEOWNERS' 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		
2. Principal Place of Business C/O Prime Management Suite, Apt. #, etc. 400 Toney Penna Drive		3. Mailing Address C/O Prime Management Suite, Apt. #, etc. 400 Toney Penna Drive			
City & State Jupiter, FL		City & State Jupiter, FL		4. FEI Number 65-0456116	
Zip 33458		Country US		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 CHRISTINE MCGINN Street Address (P.O. Box Number is Not Acceptable) 604 OAK HARBOUR DR. JUNO BEACH City FL Zip Code 33408		
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 6-19-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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 PD NAME BUCH, RONALD STREET ADDRESS 601 OAK HARBOUR DR CITY-ST-ZIP NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete		TITLE PD NAME AL RHODES STREET ADDRESS 605 OAK HARBOUR DR CITY-ST-ZIP N.P.B., FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE ST NAME HURWITZ, GEORGE STREET ADDRESS 603 OAK HARBOUR DR. CITY-ST-ZIP JUNO BCH., FL 33408	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VPD NAME MCGINN, CHRISTINE STREET ADDRESS 604 OAK HARBOUR DRIVE CITY-ST-ZIP JUNO BEACH, FL 33408	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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:			06/19/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		