

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90040 039 ****61.25

DOCUMENT # N94000002934

1. Entity Name
OAK ISLAND PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
7340 35TH COURT
VERO BEACH, FL 32967

Mailing Address
7340 35TH COURT
VERO BEACH, FL 32967

DO NOT WRITE IN THIS SPACE



01172008 No Chg-NP CR2E037 (4/06)

4. FEI Number
65-0152646

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OETTING, SCOTT
7340 35TH COURT
VERO BEACH, FL 32967

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME OSTERGARD, BENT
STREET ADDRESS 7340 35 COURT
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE VP
NAME ZOROK, JOSEPH
STREET ADDRESS 7380 36TH COURT
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE S
NAME RICHER, HENRY
STREET ADDRESS 3600 73RD PLACE
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE T
NAME KIERNAN, THOMAS
STREET ADDRESS 7315 35 COURT
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE D
NAME RUSHING, JUSTINE
STREET ADDRESS 7301 36 COURT
CITY-ST-ZIP VERO BEACH, FL 32967

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #