

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N94000004739**

1. Entity Name

OAK ISLAND HARBOR COMMUNITY OWNERS'  
ASSOCIATION, INC.



Principal Place of Business

7836 W. IRLO BRONSON HWY.  
KISSIMMEE, FL 34747 US

Mailing Address

7836 W. IRLO BRONSON HWY.  
KISSIMMEE, FL 34747 US



01112007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3268610

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

STRAZDES, ROBERT  
8057 WHITE CRANE COURT  
KISSIMMEE, FL 34747

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE

T

NAME

STRAZDES, ROBERT

STREET ADDRESS

8057 WHITE CRANE COURT

CITY-ST-ZIP

KISSIMMEE, FL

TITLE

VP

NAME

SHAND, PETER

STREET ADDRESS

8058 WHITE CRANE COURT

CITY-ST-ZIP

KISSIMMEE, FL

TITLE

P

NAME

LONG, ANDERSON

STREET ADDRESS

2847 DRIFTING WAY LOOP

CITY-ST-ZIP

KISSIMMEE, FL 34747

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

000000588690  
01/17/07-80083-015 61.25

**DO NOT WRITE  
IN THIS SPACE**

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 #