

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N94000004739

1. Entity Name

OAK ISLAND HARBOR COMMUNITY OWNERS'  
ASSOCIATION, INC.



**FILED**  
**Aug 29, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business Mailing Address  
7836 W. IRLO BRONSON HWY. 7836 W. IRLO BRONSON HWY.  
KISSIMMEE FL 34747 KISSIMMEE FL 34747  
US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/08)

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

7. Name and Address of New Registered Agent

STRAZDES, ROBERT  
8057 WHITE CRANE COURT  
KISSIMMEE FL 34747

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 3, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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

TITILE NAME ☐ Delete  
STRAZDES, ROBERT  
STREET ADDRESS 8057 WHITE CRANE COURT  
CITY-ST-ZIP KISSIMMEE FL

TITILE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Delete  
SHAND, PETER  
STREET ADDRESS 8058 WHITE CRANE COURT  
CITY-ST-ZIP KISSIMMEE FL

TITILE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Delete  
LONG, ANDERSON  
STREET ADDRESS 2847 DRIFTING WAY LOOP  
CITY-ST-ZIP KISSIMMEE FL 34747

TITILE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITILE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

(Treasurer)

8/10/08

407 307 1051