

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 17, 2009  
Secretary of State**

DOCUMENT# N94000004739

Entity Name: OAK ISLAND HARBOR COMMUNITY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 59-3268610      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STRAZDES, ROBERT  
8057 WHITE CRANE COURT  
KISSIMMEE, FL 34747 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: STRAZDES, ROBERT  
Address: 8057 WHITE CRANE COURT  
City-St-Zip: KISSIMMEE, FL

Title: VP ( ) Delete  
Name: SHAND, PETER  
Address: 8058 WHITE CRANE COURT  
City-St-Zip: KISSIMMEE, FL

Title: P ( ) Delete  
Name: LONG, ANDERSON  
Address: 2847 DRIFTING WAY LOOP  
City-St-Zip: KISSIMMEE, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT STRAZDES

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

TREA

04/17/2009

\_\_\_\_\_  
Date