

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 05, 2012**  
**Secretary of State**

DOCUMENT# N94000004739

**Entity Name:** OAK ISLAND HARBOR COMMUNITY OWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 32779 US**New Principal Place of Business:****Current Mailing Address:**2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 32779 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:**LENOX, DAVID R  
201 E. PINE STREET  
SUITE 500  
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 WEST SR 434 STE 5000  
LONGWOOD, FL 32779 US

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: JAMES W HART JR

04/05/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MIRANDA, RAY  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: VPD  
Name: MARTIN, MIKE  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: SD  
Name: LENOX, KATHRYNE  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

Title: TD  
Name: SWAN, SUZANNE  
Address: 2180 WEST SR 434 STE 5000  
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: RAY MIRANDA

PD

04/05/2012

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