

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003008 (8)

1. Corporation Name

O'HARA BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2601 S BAYSHORE DR  
MIAMI FL 33133

2601 S BAYSHORE DR  
MIAMI FL 33133

3. Date Incorporated or Qualified

06/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA H  
2601 S BAYSHORE DR  
MIAMI FL 33133

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

NAME

MITCHELL, ALAN

STREET ADDRESS

18401 MURDOCK CIR SUITE B

CITY - ST - ZIP

PT CHARLOTTE FL 33948

TITLE

DV

☒ DELETE

NAME

ALLEN, MATTHEW

STREET ADDRESS

2601 MURDOCK CIR SUITE B

CITY - ST - ZIP

PT CHARLOTTE FL 33948

TITLE

DVST

☒ DELETE

NAME

LANGLEY, MARCIA H

STREET ADDRESS

2601 S BAYSHORE DR

CITY - ST - ZIP

MIAMI FL 33133

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

DVT

☐ Change

☒ Addition

1.2 NAME

Mark Sparrow

1.3 STREET ADDRESS

2601 S. Bayshore Dr.

1.4 CITY - ST - ZIP

Miami, Florida 33133

2.1 TITLE

DVS

☐ Change

☒ Addition

2.2 NAME

Joel K. Goldman

2.3 STREET ADDRESS

2601 S. Bayshore Dr.

2.4 CITY - ST - ZIP

Miami, Florida 33133

3.1 TITLE

V, Asst. Secretary

☐ Change

☒ Addition

3.2 NAME

Thomas W. Jeffrey

3.3 STREET ADDRESS

2601 S. Bayshore Dr.

3.4 CITY - ST - ZIP

Miami, Florida 33133

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

000001829230

5.1 TITLE

-05/20/96--01044--005

☐ Change

☐ Addition

5.2 NAME

\*\*\*61.25

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Joel K. Goldman

4/18/96

305-859-4071

Date

Daytime Phone #

CR2E037 (12/95)