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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P94000031291 (5) DOCUMENT # 1. Corporation Name

OAK HARBOR VILLAS COMMUNITY, INC.														
Principal Place	of Business		Mailing Addre	988					1 19411981 1	· · · · · · · · · · · · · · · · · · ·	**** ***** ****	- 11161 [1616		
	D HARBOR BLY CH FL 32967	/D.		and Harbo Ach Fl 32	-									
									3. Date Incorpora 04/25/19			e of Last F 05/01/ 1		
2. Principal Pla	ice of Business		2a. Malling Ad	ddress					4. FEI Number	4740			Applied For	
1			26						65-050	11793			Not Applica	
Sulte, Apt. #	Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		X		\$8.75 Additional Fee Required	
City & State			City & Sta	ste	-				6. Election Camp	-)0 May Be	
3			28						Trust Fund Cor				ed to Fees	
Zip "1		Country	 	Zip			try		8. This corporation has liability for imagginate tax under s 1 Florida Statutes Yes XNo			s 199.032,		
4	25	d Address of Current I	29 Registered Age	ni	30]				n. Name and Ac			Agent		
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2121 Grand Harbor BLVD. Vero Beach FL 32967				ŀ	83	3								
1110	DESCRIPTION OF THE O	2001				64	City					85 2	?ip Code	
											FL	<u>- </u>		
11. Pursuant to or registere	o the provisions ed agent, or bo	of Sections 607.0502 a th, in the State of Florida	ind 607.1508, Flo i. Such change w	orida Statut vas authoriz	tes, the abo	ve-n	named coration's	corporations s board of	n submits this stat ' directors. I hereb	ement for the pu y accept the app	pointment a	s registere	d agent. I an	
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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. Furnar 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 607, 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 PAINTED NAME OF SIGNING OFFICER OR DIRECTOR