

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50601

FILED
Apr 09, 2008
Secretary of State

Entity Name: OAKBREEZE COVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3143300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT, INC.
2180 WEST SR 434 STE 5000
LONGWOOD, FL 327795044 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: PD () Delete
Name: HOLTSINGER, MARK
Address: 223 EVANS DRIVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VPD () Delete
Name: BERNHARDT, BRAD
Address: 224 EVANS DR. S
City-St-Zip: JACKSONVILLE BEACH, FL 32082

Title: STD () Delete
Name: DEFORGE, DAWN
Address: 222 EVANS DR S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: CUMMINGS, ROBERT
Address: 1857 EVANS DRIVE S
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PD (X) Change () Addition
Name: BERNHARDT, BRAD
Address: 224 EVANS DR S
City-St-Zip: JACKSONVILLE BEACH, FL 32082

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: BRAD BERNHARDT

PD

04/09/2008

Electronic Signature of Signing Officer or Director

_____ Date