

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006851

FILED  
Feb 26, 2008  
Secretary of State

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

**Current Principal Place of Business:**

7862 W IRLO BRONSON  
# 128  
KISSIMMEE, FL 347471769

**New Principal Place of Business:**

7862 W IRLO BRONSON  
SUITE 128  
KISSIMMEE, FL 347471769

**Current Mailing Address:**

7862 W IRLO BRONSON  
# 128  
KISSIMMEE, FL 347471769

**New Mailing Address:**

7862 W IRLO BRONSON  
SUITE 128  
KISSIMMEE, FL 347471769

**FEI Number:** 59-3619121

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VON.BEHRN, GARY  
2872 BLOOMING ALAMANDA LP  
KISSIMMEE, FL 347472252 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: D ( ) Delete  
Name: VON.BEHRN, GARY  
Address: 7862 W IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 347471769

Title: D ( ) Delete  
Name: REESE, GARY  
Address: 7862 W IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 347471769

Title: D ( ) Delete  
Name: DOYLE, KEVIN  
Address: 7862 W IRLO BRONSON WY  
City-St-Zip: KISSIMMEE, FL 347471769

**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: GARY VON BEHRN

D

02/26/2008

Electronic Signature of Signing Officer or Director

Date