## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000006851

FILED Feb 07, 2007 Secretary of State

Entity Name: OAK ISLAND COVE COMMUNITY OWNERS' ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 7862 W IRLO BRONSON # 128 KISSIMMEE, FL 347471769 **New Mailing Address: Current Mailing Address:** 7862 W IRLO BRONSON #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: Name and Address of New Registered Agent: BEHREN, GARY V VON.BEHREN, GARY 2872 BLOOMING ALAMANDA LP 2872 BLOOMING ALAMANDA LP KISSIMMEE, FL 347472252 US KISSIMMEE, FL 347472252 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: GARY VON BEHREN 02/07/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition () Delete BEHREN, GARY V VON.BEHREN, GARY Name: Name: Address: 7862 W IRLO BRONSON HWY Address: 7862 W IRLO BRONSON HWY City-St-Zip: KISSIMMEE, FL 347471769 City-St-Zip: KISSIMMEE, FL 347471769 Title: () Delete Title: (X) Change ( ) Addition Name: HOULE, ROGER Name: REESE, GARY Address: 7862 W IRLO BRONSON HWY Address: 7862 W IRLO BRONSON HWY City-St-Zip: KISSIMMEE, FL 347471769 City-St-Zip: KISSIMMEE, FL 347471769 Title: () Delete Title: () Change () Addition DOYLE, KEVIN Name: Name: 7862 W IRLO BRONSON WY Address: Address: City-St-Zip: KISSIMMEE, FL 347471769 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 BEHREN D 02/07/2007