

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:13

DOCUMENT # N13880 (2)

1. Corporation Name  
OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.

Principal Place of Business Mailing Address  
510 OAK HARBOUR DR  
OAK HARBOUR DRIVE  
JUNO BEACH FL 33408  
510 OAK HARBOUR DR  
OAK HARBOUR DRIVE  
JUNO BEACH FL 33408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/18/1986	3a. Date of Last Report 04/08/1994
4. FEI Number 59-2722601	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
KINGSBURY, JOHN M  
512 OAK HARBOUR DR.  
JUNO BCH FL 33408

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUBROWIN, RAPHAEL 523 OAK HARBOUR DR JUNO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KINGSBURY, JOHN M 512 OAK HARBOUR DR. JUNO BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PODESTA, ROBERT 515 OAK HARBOUR DR. JUNO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAYMAN, THERON R. 548 OAK HARBOUR DR. JUNO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CALLAHAN, PATRICK 533 OAK HARBOUR DR. JUNO BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Albert Corallo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 544 Oak Harbour Dr. Juno Beach, FL
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VTO Sterling Tremayne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 512 Oak Harbour Dr Juno Beach, FL
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SD Carol Chilvers <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 543 Oak Harbour Dr. Juno Beach, FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Marcus Wright, III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 522 Oak Harbour Dr Juno Beach, FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sterling F. Tremayne* TREMAYNE 2/14/95 (407) 775-0369  
DATE: 2/14/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: STERLING F. TREMAYNE