

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13880** (2)
1. Corporation Name
OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: **03/18/1986**
3a. Date of Last Report: **02/20/1995**

2. Principal Place of Business: **21**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

4. FEI Number: **59-2722601**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: **steve Inglis**
82 Street Address: (P.O. Box Number is Not Acceptable) **c/o Bristol Mgmt. Svc.**
83 **103 S. US 1, F5-135**
84 City: **Jupiter** FL 85 Zip Code: **33477**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Steve Inglis* DATE: **3-9-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORALLO, ALBERT	1.2 NAME	
STREET ADDRESS	544 OAK HARBOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMAYNE, STERLING	2.2 NAME	RAY DUBROWIN
STREET ADDRESS	512 OAK HARBOUR DR	2.3 STREET ADDRESS	523 OAK HARBOUR DR
CITY-ST-ZIP	JUNO BCH FL	2.4 CITY-ST-ZIP	JUNO BCH FL
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODESTA, ROBERT	3.2 NAME	
STREET ADDRESS	515 OAK HARBOUR DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILVERS, CAROL	4.2 NAME	TED BRAYMAN
STREET ADDRESS	543 OAK HARBOUR DRIVE	4.3 STREET ADDRESS	546 OAK HARBOUR DR.
CITY-ST-ZIP	JUNO BEACH FL	4.4 CITY-ST-ZIP	JUNO BCH FL
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, III M	5.2 NAME	
STREET ADDRESS	522 OAK HARBOUR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUNO BCH FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Albert Corallo* ALBERT CORALLO DATE: **2/19/96** DAYPHONE # **627-9130**

CR2E037 (12/95)