

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
510 OAK HARBOUR DR
OAK HARBOUR DRIVE
JUNO BEACH FL 33408
C/O BRISTOL MGMT SVC
103 S US 1 FS-135
JUPITER FL 33477
US

3. Date Incorporated or Qualified 03/18/1986
3a. Date of Last Report 03/18/1996
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

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

9. Name and Address of Current Registered Agent
INGLIS, STEVE
C/O BRISTOL MGMT SVC
103 S US 1 FS-135
JUPITER FL 33477

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS
TITLE PD DELETE
NAME CORALLO, ALBERT
STREET ADDRESS 544 OAK HARBOR DRIVE
CITY-ST-ZIP JUNO BEACH FL
TITLE VTD DELETE
NAME DUBROWIN, RAY
STREET ADDRESS 523 OAK HARBOUR DR
CITY-ST-ZIP JUNO BCH FL
TITLE D, Trevis DELETE
NAME PODESTA, ROBERT
STREET ADDRESS 515 OAK HARBOUR DR.
CITY-ST-ZIP JUNO BEACH FL
TITLE SD DELETE
NAME BRYAMAN, TED
STREET ADDRESS 548 OAK HARBOUR DR
CITY-ST-ZIP JUNO BEACH FL
TITLE D DELETE
NAME WRIGHT, III M
STREET ADDRESS 522 OAK HARBOUR DRIVE
CITY-ST-ZIP JUNO BCH FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 3/12/97 561-627-9130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076040

CR2E037 (9/96)