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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33409	Mailing Address C/O BRISTOL MGMT SVC 103 S US 1 FS-135 JUPITER FL 33477 US
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3. Date Incorporated or Qualified 03/18/1986	
4. FEI Number 59-2722601	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	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

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CORALLO, ALBERT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	544 OAK HARBOR DRIVE	1.2 NAME	
STREET ADDRESS	JUNO BEACH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP PODESTA, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	515 OAK HARBOUR DR.	2.2 NAME	
STREET ADDRESS	JUNO BEACH FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD BRYAMAN, TED	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	546 OAK HARBOUR DR	3.2 NAME	SD PRISCILLA DODGE
STREET ADDRESS	JUNO BEACH FL	3.3 STREET ADDRESS	OAK HARBOUR DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JUNO BEACH, FL.
TITLE	D WRIGHT, M M	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	522 OAK HARBOUR DRIVE	4.2 NAME	TD Robert Eberline
STREET ADDRESS	JUNO BCH FL	4.3 STREET ADDRESS	534 OAK HARBOUR DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JUNO BEACH, FL.
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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: _____ 1/22/98 561 575 3551

CP2E037 (10/97)