

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

0055154

DOCUMENT # N13880

1. Entity Name

OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.

03-16-2001 90001 010 ****61.25

634091



DO NOT WRITE IN THIS SPACE

Principal Place of Business 510 OAK HARBOUR DR OAK HARBOUR DRIVE JUNO BEACH FL 33408		Mailing Address C/O BRISTOL MGMT SVC 103-S US-1 FS-135 JUPITER FL 33477 -US-	
2. Principal Place of Business		3. Mailing Address 725 N. A1A	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C-110	
City & State		City & State JUPITER, FL	
Zip	Country	Zip	Country
		33477	PB

4. FEI Number 59-2722601	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent INGLIS, STEVE C/O BRISTOL MGMT SVC 103-S US-1 FS-135 JUPITER FL 33477		7. Name and Address of New Registered Agent Name: Inglis Steve Street Address (P.O. Box Number is Not Acceptable) 725 N. A1A Suite C-110 City: Jupiter FL Zip Code 33477	
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOTH, CHARLES 546 OAK HARBOUR DR JUNO BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTAGNA, RALPH 537 OAK HARBOUR DR JUNO BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DODGE, PRISCILLA OAK HARBOUR DRIVE JUNO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRIGHT, MARCUS 522 OAK HARBOUR DR JUNO BEACH FL 33408 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.12.01

624-6013

Date

Daytime Phone #

CR2E037 (10/00)