

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90012 045 \*\*\*\*61.25

54018356



**DOCUMENT # N13880**  
 1. Entity Name  
**OAK HARBOUR CONDOMINIUM II ASSOCIATION, INC.**



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

Mailing Address  
 725 N. A1A  
 C-110  
 JUPITER, FL 33477 US

2. Principal Place of Business  
**400 TONEY PENNA DR.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**400 TONEY PENNA DR.**  
 Suite, Apt. #, etc.

City & State  
**JUPITER, FL**

City & State  
**JUPITER, FL**

Zip  
**33458**

Country  
**US**

02162004 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-2722601**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**VAUGHN, DAVID**  
**DICKINSON MANAGEMENT INC**  
**400 TONEY PENNA DRIVE**  
**JUPITER, FL 33458**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNUTH, CHARLES 546 OAK HARBOUR DR JUNO BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTAGNA, RALPH 537 OAK HARBOUR DR JUNO BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PISCIOTTO, LENNY 536 OAK HARBOUR DRIVE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete
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	D LOMBARDI, CONNIE 526 OCKHARBOUR DRIVE NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>PISCIOTTO, LENNY</b> <b>536 OAK HARBOUR DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WRIGHT, MARCUS</b> <b>522 OAK HARBOUR DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DODGE, PAISCILLA</b> <b>543 OAK HARBOUR DRIVE</b> <b>JUNO BEACH, FL 33408</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_