


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90101 046 ****61.25

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



Principal Place of Business
**400 TONEY PENNA DR
 JUPITER, FL 33458**

Mailing Address
**400 TONEY PENNA DR
 JUPITER, FL 33458 US**

50025555

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
c/o Dickinson Mgmt. Inc

Suite, Apt. #, etc.
400 Toney Penna Drive



01252005 Chg-NP CR2E037 (10/03)

City & State
Jupiter, FL 33458

4. FEI Number
59-2722601

Applied For
 Not Applicable

Zip Country Zip Country

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 **Jennifer Miller**
 Street Address (P.O. Box Number is Not Acceptable)
c/o Dickinson Management, Inc.
400 Toney Penna Drive
 City **Jupiter** State **FL** Zip Code **33458**

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 *Jennifer Miller* **LEAM** *JENNIFER MILLER*
 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, 2005**

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	TD PISCOTTO, LENNY 536 OAK HARBOUR DRIVE NORTH PALM BEACH, FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MARCUS 522 OAK HARBOUR DR JUNO BEACH, FL 33408 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, PRISCILLA 43 OAK HARBOUR 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	<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	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Priscilla Dodge 543 Oak Harbour Drive Juno Beach, FL 33408
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 empowerments.

SIGNATURE: *Charles Knuth* **3-3-05** **5616248327**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CHARLES KNUTH