FILE NOW: FILING FEE IS $61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90092 014 ****61.25

.0021534

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27957

1. Corporation Name

ST. CHRISTOPHER BEACH PROPERTY OWNER'S ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
C/O MARGARET HOCKENHULL 2265 ST CHRISTOPHER LANE VERO BEACH FL 32963	C/O MARGARET HOCKENHULL 2265 ST CHRISTOPHER LANE VERO BEACH FL 32963

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 08/15/1988

4. FEI Number: 65-0121309 ☐ Applied For ☑ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HOCKENHULL, MARGARET
2265 ST CHRISTOPHER LANE
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KOONTA, A.J.		1.2 NAME	
STREET ADDRESS	2255 ST. CHRISTOPHER LN.		1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE	[redacted]	[redacted]ELETE	2.1 TITLE	VPD ☑ Change ☐ Addition
NAME	[redacted]		2.2 NAME	WALKER, HEPBURN
STREET ADDRESS	[redacted]		2.3 STREET ADDRESS	ST. CHRISTOPHER LN.
CITY-ST-ZIP	[redacted]		2.4 CITY-ST-ZIP	VERO BEACH, FL.
TITLE	STD	☐ DELETE	3.1 TITLE	[redacted] ☐ Change ☐ Addition
NAME	HOCKENHULL, MARGARET		3.2 NAME	
STREET ADDRESS	2265 ST CHRISTOPHER LN ✓		3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change [redacted]
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: [signature] MARGARET HOCKENHULL 3-30-99 (561) 234 5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #