2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N27957**

1. Entity Name

ST. CHRISTOPHER BEACH PROPERTY OWNER'S ASSOCIATION, INC.



Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90178 048 ****61.25

FILED

Principal Place of Business

Mailing Address

C/O MARGARET HOCKENHULL 2280ST CHRISTOPHER LANE VERO BEACH FL 32963 C/O MARGARET HOCKENHULL 2280ST CHRISTOPHER LANE VERO BEACH FL 32963

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	Place of Business Sherta Walker	3. Mailing Address % Roberta	Walker		
Suite, Apt. #, etc. 2295 St. Christopher Lane 2295 St. Christopher Lane					
City & Stat		Vero Beach	1	4. FEI Number NOT APPLICABLE Applied For Not Applica	
^{zip} 329	63 Country	32963	Country	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current R	egistered Agent	The second second	7. Name and Address of New Registered Agent	
ALLEN, ALICE 2280 ST CHRISTOPHER LANE VERO BEACH FL 32963			Name Roberta Walker Street Address (P.O. Box Number is Not Acceptable) 2295 St. Christopher Lane City Vevo Beach FL Zip Sgd 9 (63		
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 Registered Agent signature required when reinstating) DATE					
FILE NOW: FEE IS \$61.25 9. Election Campa Trust Fund Con			ntribution.	\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10.	OFFICERS AND DIRE		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEN, ALICE 2280 ST CHRISTOPHER LANE VERO BEACH FL 32963	Delete	NAME STREET ADDRESS CITY-ST-ZIP	Kontz AJ a255 st christopher Lune vero cleach FL 3963	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KOONTZ, A.J. 2255 ST CHRISTOPHER LANE VERO BEACH FL-32963	▼ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP-		ion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	ion
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Additi	ion

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Reductable GURLED Robert

Roberta Walker 4/25/2003 772-492-0431

CR2E037 (10/02)