

FILE NOW: FILING FEE IS \$61.25

FILED
May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004770 (1)

OAK HARBOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: 2121 GRAND HARBOR BOULEVARD VERO BEACH FL 32967
Mailing Address: 2121 GRAND HARBOR BOULEVARD VERO BEACH FL 32967

3. Date Incorporated or Qualified

09/13/1996

4. FEI Number

65-0711847

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30

Yes

No

9. Name and Address of Current Registered Agent

HENN, PETER J
2121 GRAND HARBOR BOULEVARD
VERO BEACH FL 32967

10. Name and Address of New Registered Agent

81 Name

Heberling, Lynn M.

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

4820 20th Avenue

83

84 City

Vero Beach,

FL

85 Zip Code

32967

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

Lynn M. Heberling, LYNN M. HEBERLING

4/27/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	WIDELL, DOUGLAS	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BYRNE, SUE C	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FLICKINGER, MARIA	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HENN, PETER J	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	M	<input type="checkbox"/> DELETE
NAME	HEBERLING, LYNN	
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Widell, Douglas	
1.3 STREET ADDRESS	2121 Grand Harbor Blvd.	
1.4 CITY-ST-ZIP	Vero Beach, FL 32967	
2.1 TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Byrne, Sue C.	
2.3 STREET ADDRESS	2121 Grand Harbor Blvd.	
2.4 CITY-ST-ZIP	Vero Beach, FL 32967	
3.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Flickenger, Maria	
3.3 STREET ADDRESS	2121 Grand Harbor Blvd.	
3.4 CITY-ST-ZIP	Vero Beach, FL 32967	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE

Lynn M. Heberling

4/27/98 (561) 778-5945

CP2E037 (10/97)