

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State

181720

DOCUMENT # N96000004770

1. Entity Name

OAK HARBOR PROPERTY OWNERS ASSOCIATION, INC.

05-07-2001 90053 047 ****61.25

Principal Place of Business

Mailing Address

4820 20TH AVE
 VERO BEACH FL 32967
 US

4820 20TH AVE
 VERO BEACH FL 32967
 US

7 5 9 0 8 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0711847

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

7. Name and Address of New Registered Agent

RULE, LISA A
4820 20TH AVE
VERO BEACH FL 32967

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	DP SCHLITT, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE NAME	DST BYRNE, SUE C	<input type="checkbox"/> Delete
STREET ADDRESS	2121 GRAND HARBOR BLVD	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE NAME	DVP POWELL, BEVERLY	<input type="checkbox"/> Delete
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE NAME	M RULE, LISA A	<input type="checkbox"/> Delete
STREET ADDRESS	4820 20TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	DST Smith, Sammy	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

Lisa A Rule
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

(561) 778-5943

Daytime Phone #

CR2E037 (10/00)