


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90212 003 ****61.25

DOCUMENT # N96000004770

1. Entity Name
OAK HARBOR PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
4820 20TH AVE
VERO BEACH, FL 32967 US

Mailing Address
4820 20TH AVE
VERO BEACH, FL 32967 US

94070598



2. Principal Place of Business
4340 U. S. Highway #1

3. Mailing Address
4340 U. S. Highway #1

Suite, Apt. #, etc.

04262004 Chg-NP CR2E037 (10/03)

City & State
Vero Beach, FL

City & State
Vero Beach, FL

Zip
32967

Country

4. FEI Number
65-0711847

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
4340 U.S. Highway #1

City
Vero Beach

State
FL

Zip Code
32967

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 _____
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, 2004

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	DP HICKS, CHRISTOPHER 4820 20TH AVE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST KURTYKA, HENRY 4820 20TH AVE VERO BEACH, FL 32967	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TALLMAN, DWAYNE 4820 20TH AVE VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RULE, LISA A 4820 20TH AVE VERO BEACH, FL 32967	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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	DP North, Annabel 4340 U.S. Highway #1 Vero Beach, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Buza, Peter L. 4340 U. S. Highway #1 Vero Beach, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" 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

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.

SIGNATURE:  **ANNABEL North** **4-27-04** **772-794-4380**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #