

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004770

FILED  
Mar 27, 2009  
Secretary of State

Entity Name: OAK HARBOR PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4380 U.S. HWY #1  
VERO BEACH, FL 32967 US

**New Principal Place of Business:**

**Current Mailing Address:**

4380 U.S. HWY #1  
VERO BEACH, FL 32967 US

**New Mailing Address:**

FEI Number: 65-0711847      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SPEECHLY, CLIFFORD S  
7380 U.S. HWY #1  
VERO BEACH, FL 32967 US

**Name and Address of New Registered Agent:**

SPEECHLY, CLIFFORD S  
4380 U.S. HWY #1  
VERO BEACH, FL 32967 US

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:

03/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CLEARY, CHRIS  
Address: 4380 U.S. HWY #1  
City-St-Zip: VERO BEACH, FL 32967

Title: DST ( ) Delete  
Name: GROHOL, JENNIFER  
Address: 4380 U.S. HWY #1  
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete  
Name: ROBERT, WHITE  
Address: 4380 U.S. HWY #1  
City-St-Zip: VERO BEACH, FL 32967

Title: M ( ) Delete  
Name: SPEECHLY, CLIFFORD S JR  
Address: 4380 U.S. HWY #1  
City-St-Zip: VERO BEACH, FL 32967

Title: D ( ) Delete  
Name: KING, RALPH  
Address: 4380 U.S. HWY #1  
City-St-Zip: VERO BEACH, FL 32967

Title: DV ( ) Delete  
Name: OSTERHOUDT, BRUCE  
Address: 4380 U.S. HWY #1  
City-St-Zip: VERO BEACH, FL 32967

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFFORD S. SPEECHLY, JR.

MGR

03/27/2009

Electronic Signature of Signing Officer or Director

Date