2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005
Secretary of State

DOCUMENT# N01000004492

Entity Name: ST. ELIZABETH'S ISLAND AT OAK HARBOR HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4340 US HWY 1
VERO BEACH, FL 32967

New Principal Place of Business:

630 25TH STREET SW
VERO BEACH, FL 32962

Current Mailing Address:

4340 US HWY 1
VERO BEACH, FL 32967

New Mailing Address:

P.O. BOX 650429
VERO BEACH, FL 32965

FEI Number: 65-1110194 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RULE, LISA A
4340 US HWY 1
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

RULE, LISA A
630 25TH STREET SW
VERO BEACH, FL 32962 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: _____ 04/14/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: NORTH, ANNABEL
Address: 4340 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: DST ( ) Delete
Name: KURTYKA, HENRY
Address: 4340 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: DV ( ) Delete
Name: BENTZ, C. WILLIAM
Address: 4340 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

Title: M ( ) Delete
Name: RULE, LISA A
Address: 4340 US HWY 1
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RITCHEY, SCOTT
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

Title: DST (X) Change ( ) Addition
Name: WILLIAMS, DAVID
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

Title: DV (X) Change ( ) Addition
Name: BENTZ, C. WILLIAM
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

Title: M (X) Change ( ) Addition
Name: RULE, LISA A
Address: P.O. BOX 650429
City-St-Zip: VERO BEACH, FL 32965

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA RULE M 04/14/2005
Electronic Signature of Signing Officer or Director — Date