


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90052 029 ****61.25

| | | | | | |
|---|--|--|--|---|--|
| DOCUMENT # N00000007871 | | | |  | |
| 1. Entity Name ST. JOSEPH'S ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O A.R. CHOICE MGMT. 333 17 STREET, SUITE 2L VERO BEACH, FL 32960 | | | Mailing Address C/O A.R. CHOICE MGMT. 333 17 STREET, SUITE 2L VERO BEACH, FL 32960 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-1062470 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| ROMANO, ALAN P. 333 17TH ST SUITE 2L VERO BEACH, FL 32960 | | | 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DVS MITCHELL, IVAR W 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP THORPE, DAVID 333 17TH STREET, SUITE 2L VERO BEACH, FL 32960 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT GREER, BRADFORD J 333 17TH ST SUITE 2L VERO BEACH, FL 32960 | <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 | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>IVAR W MITCHELL</u> <u>IVAR W. MITCHELL</u> <u>4-13-07</u> <u>772-567-0808</u> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |



03012007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1062470

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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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, 2007

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|----------------------------|---------------------------------|---|---|
| TITLE | DVS | TITLE | |
| NAME | MITCHELL, IVAR W | NAME | |
| STREET ADDRESS | 333 17TH STREET, SUITE 2L | STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH, FL 32960 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DP | TITLE | |
| NAME | THORPE, DAVID | NAME | |
| STREET ADDRESS | 333 17TH STREET, SUITE 2L | STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH, FL 32960 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | DT | TITLE | |
| NAME | GREER, BRADFORD J | NAME | |
| STREET ADDRESS | 333 17TH ST SUITE 2L | STREET ADDRESS | |
| CITY - ST - ZIP | VERO BEACH, FL 32960 | CITY - ST - ZIP | |
| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | | TITLE | |
| NAME | | NAME | |
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| | <input type="checkbox"/> Delete | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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SIGNATURE: IVAR W MITCHELL IVAR W. MITCHELL 4-13-07 772-567-0808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #