

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90160 018 \*\*\*\*61.25

<b>DOCUMENT # N01000003059</b>					
<b>1. Entity Name</b> ST. PHILIP'S ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 4340 US HIGHWAY # 1 VERO BEACH, FL 32967			<b>Mailing Address</b> 4340 US HIGHWAY # 1 VERO BEACH, FL 32967		
<b>2. Principal Place of Business</b> 4380 U.S. Hwy #1 Suite, Apt. #, etc.		<b>3. Mailing Address</b> 4380 U.S. Hwy #1 Suite, Apt. #, etc.			
<b>City &amp; State</b> VERO BEACH FL		<b>City &amp; State</b> VERO BEACH FL		<b>4. FEI Number</b> 65-1100695	
<b>Zip</b> 32967		<b>Country</b> INDIAN RIVER		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPEECHLY, CLIFFORD S JR 4340 US HIGHWAY # 1 VERO BEACH, FL 32967				<b>7. Name and Address of New Registered Agent</b> Name: CLIFFORD S SPEECHLY JR Street Address (P.O. Box Number is Not Acceptable): 4380 U.S. Hwy #1 City: VERO BEACH FL Zip Code: 32967	
<b>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.</b>					
<b>SIGNATURE:</b> <u>CLIFFORD S. SPEECHLY JR., MGR. 4/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>SMITH, JAMES</b> 4340 US HIGHWAY # 1 VERO BEACH, FL 32967	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>SMITH, JAMES</b> 4380 U.S. Hwy #1 VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>NORTH, ANNABEL</b> 4340 US HIGHWAY # 1 VERO BEACH, FL 32967	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DST</b> <b>NORTH, ANNABEL</b> 4380 U.S. Hwy #1 VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DST</b> <b>ALLIN, BRAD</b> 4340 US HIGHWAY # 1 VERO BEACH, FL 32967	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DV</b> <b>SWEENEY, DOUG</b> 4380 U.S. Hwy #1 VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>M</b> <b>SPEECHLY, CLIFFORD S JR</b> 4340 US HIGHWAY # 1 VERO BEACH, FL 32967	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>M</b> <b>SPEECHLY, CLIFFORD S, JR.</b> 4380 U.S. Hwy #1 VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b> <u>CLIFFORD S. SPEECHLY JR</u> <u>4/27/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					