

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90086 046 ****61.25

DOCUMENT # N01000003059					
1. Entity Name ST. PHILIP'S ISLAND AT GRAND HARBOR PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 4380 US HWY #1 VERO BEACH, FL 32967			Mailing Address 4380 US HWY #1 VERO BEACH, FL 32967		
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 65-1100695	
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		
SPEECHLY, CLIFFORD S JR 4380 US HWY #1 VERO BEACH, FL 32967			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 Trust Fund Contribution. <input type="checkbox"/>		\$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 DP NAME SMITH, JAMES STREET ADDRESS 4380 US HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DST NAME NORTH, ANNABEL STREET ADDRESS 4380 US HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DST NAME CASE, JANIS STREET ADDRESS 4380 U.S. HWY #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE DST NAME ALLIN, BRAD STREET ADDRESS 4340 US HIGHWAY # 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete		TITLE DP NAME ALLIN, BRAD STREET ADDRESS 4380 U.S. HWY #1 CITY-ST-ZIP VERO BEACH FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE M NAME SPEECHLY, CLIFFORD S JR STREET ADDRESS 4380 US HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DV NAME SWEENEY, DOUG STREET ADDRESS 4380 US HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DV NAME FLETCHER, BILL STREET ADDRESS 4380 U.S. HWY #1 CITY-ST-ZIP VERO BEACH FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		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 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: _____ CLIFFORD S. SPEECHLY JR 4/4/07 772-5647490 <small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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