


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-28-2006 90160 019 ****61.25

DOCUMENT # N02000000163 1. Entity Name ST. MARGARET'S ISLAND AT OAK HARBOR HOMEOWNERS ASSOCIATION, INC.						
Principal Place of Business 4380 U.S. HIGHWAY #1 VERO BEACH, FL 32967			Mailing Address 4380 U.S. HIGHWAY #1 VERO BEACH, FL 32967			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		4. FEI Number 04-3620968		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SPEECHLY, CLIFFORD S JR 4380 U.S. HIGHWAY #1 VERO BEACH, FL 32967			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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: <u>CLIFFORD S. SPEECHLY, JR.</u> MGR 4/22/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$61.25 Due by May 1, 2006			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 BRUK, DOUGLAS STREET ADDRESS 4380 US HWY 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete		TITLE DV NAME REESE, ALAN STREET ADDRESS 4380 U.S. HIGHWAY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE DV NAME NORTH, ANNABEL STREET ADDRESS 4380 US HWY 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete		TITLE DP NAME NORTH, ANNABEL STREET ADDRESS 4380 U.S. HWY #1 CITY-ST-ZIP VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DST NAME GROHOL, JENNIFER STREET ADDRESS 4380 US HWY 1 CITY-ST-ZIP VERO BEACH, FL 32967	<input type="checkbox"/> Delete		<input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<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: <u>CLIFFORD S. SPEECHLY, JR.</u> 4/22/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>						