

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25597 (8)

1. Corporation Name

ST. DAVID'S ISLAND PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4820 20TH AVENUE
VERO BEACH FL 32967**

**4820 20TH AVENUE
VERO BEACH FL 32967**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/25/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0125303

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**HEBERLING, LYNN M.
4820 20TH AVENUE
VERO BEACH FL 32967**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	DEMPSEY, FRANK	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DP	☐ DELETE
NAME	LANG CHARLES E.	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DT	☐ DELETE
NAME	MOLLOY, DANIEL J.	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DV	☐ DELETE
NAME	STULL, PHILIP B. JR.	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	DS	☒ DELETE
NAME	CHAPIN, HOYT R.	
STREET ADDRESS	4820 20TH AVENUE	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Payne, Betty	
1.3 STREET ADDRESS	4820 20th Avenue	
1.4 CITY-ST-ZIP	Vero Beach, FL 32967	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DS	☐ Change ☒ Addition
5.2 NAME	SAVAGE, Philip F.	
5.3 STREET ADDRESS	4820 20th AVENUE	
5.4 CITY-ST-ZIP	VERO BEACH, FL 32967	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles E. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

407-778-5943

Date

Daytime Phone #

CR2E037 (12/95)