NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25597 1. Corporation Name

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

Principal Place of Business 4820 20TH AVENUE VERO BEACH FL 32967

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

4820 20TH AVENUE VERO BEACH FL 32967

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 19, 1999 8:00 am §

04-19-1999 90087 004 ****61.25

Date Incorporated or Qualifed 03/25/1988

4. FEI Number

22		27					00-01/20303			Not	Applicable
City & Stat	e	City & State	City & State			5.	Certifcate of Status	Desired		\$8.75 A	
23	0	28	Coun	· • • · ·			51 O			\$5.00	
Zip	Country	Zip		шу		6.	Election Campaign	-		Added to	•
24	25	29	30			10	Trust Fund Contribu		egistered /		1 603
	9. Name and Address of Current	Registered Agent		81	Name		. Name and Addies	S OI HOW IN	ogiotoi ou i	-190	
			ľ	٠.	Iquita						
HEBERLIN	Ī	82	Street Address (P.O. Box Number is Not Acceptable)								
'4820 20TH AVENUE ' VERO BEACH FL 32967									,		
					83						
				84	City				FL	85 Zip C	ode
11 Durauant	to the provisions of Sections 617.0502	and 617 1508 Florida Stat	tutes the ah	OVA:	-named o	comoratio	on submits this statem	nent for the	numose of	changing its	egistered
office or r	egistered agent or both in the State of	Florida Such change was	authorized	DV U	he corpo	ration's b	oard of directors. I he	ereby accep	t the appoir	ntment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, F	riorida Statul	ies.							
SIGNATURE	Signature, typed or printed name of registered agent a	and title if englicable (NO	TE: Registered A	Agent	signature re	equired when	reinstating)		DATE		
12.	OFFICERS AND		13.	-		•	ADDITIONS/CHANG	ES TO OF	ICERS AN	D DIRECTO	RS IN 12
TITLE	DS	☐ DELETE	1.1 TITL	LE	·	D				☐ Change	Addition
NAME	PAYNE, BETTY		1,2 NAA	ME		Georg	ge A. Kopp				
STREET ADDRESS	1000 00711 41/5			REET	ADDRESS	4820	20th Avenu				
	ACDO DEACH EL			1.0 0 1.1.2.			Beach, FL	32967			
CITY-ST-ZIP TITLE	DP DELETE			2.1 TITLE					•	Change	Addition
NAME	OI .		2.2 NAM	2.2 NAME							
STREET ADDRESS	ADDO DOTAL AND				ADDRESS						
	VERO BEACH FL		2. 4 CIT		ì						
CITY-ST-ZIP TITLE	DT DELETE			3.1 TITLE			·			Change	☐ Addition
NAME	ADDIS, R		3,2 NAM	ME							
STREET ADDRESS	ARRA COTTA ALIENNAE		3.3 STF	REET	ADDRESS					٠.	
CITY-ST-ZIP	VERO BEACH FL 32967	•	3.4. CIT					•			
TITLE	D	X DELETE	4.1 TITI	_						☐ Change	☐ Addition
NAME	COLE, SALLY		4. 2 NA	ME							
STREET ADDRESS	4000 00711 11/711/17		4.3 STF	REET	ADDRESS						
CITY-ST-ZIP	VERO BEACH FL		4.4 CfT	Y-ST	-ZIP						
TITLE	M	☐ DELETE	5.1 TI श	Œ						Change	Addition
NAME	HEBERLING, LYNN M		5.2 NA	ME					*		
STREET ADDRESS	4000 COTH AND		5.3 STF	5.3 STREET ADDRESS							
CITY-ST-ZIP	VERO BEACH FL		5.4 CfT	Y-ST	-Z1P						
TITLE	DVP	☐ DELETE	6.1 TITI	LE					•	Change	☐ Addition
NAME	OLSEN, W		6.2 NA	ME							
STREET ADDRESS	4000 0001 415		6.3 STF	REET.	ADDRESS						
CITY-ST-7IP	VERO BCH FL	,	6.4 CIT								
14. I hereby	certify that the information supplied with	this filing does not qualify	for the exen	nptio	on stated	in Sectio	on 119.07(3)(i), Florid	a Statutes.	further cer	tify that the ir	formation

intal 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 acciver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in trachment with an address, with all other like empowered. indicated on this annual report or supplemental annual report is true and officer or director of the comporation or the Block 12 or Block 13 if changed, or on an

SIGNATURE:

Applied For