


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90041 042 \*\*\*\*61.25

<b>DOCUMENT # N27957</b> 1. Entity Name <b>ST. CHRISTOPHER BEACH PROPERTY OWNER'S ASSOCIATION, INC.</b>					
Principal Place of Business <del>% MARY BRODNAX</del> <del>2225 ST. CHRISTOPHER LANE</del> <del>VERO BEACH, FL 32963</del>			Mailing Address <del>% MARY BRODNAX</del> <del>2225 ST. CHRISTOPHER LANE</del> <del>VERO BEACH, FL 32963</del>		
2. Principal Place of Business <b>2265 St. Christopher Ln</b> Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State <b>Vero Beach, Fl.</b> Zip <b>32963</b> Country <b>USA</b>			City & State Zip Country		
4. FEI Number <b>NOT APPLICABLE</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRODNAX, MARY</b> <del>2225 ST. CHRISTOPHER LANE</del> <del>VERO BEACH, FL 32963</del>			7. Name and Address of New Registered Agent Name <b>Margaret Hockenhull</b> Street Address (P.O. Box Number is Not Acceptable) <b>2265 St. Christopher Lane,</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32963</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.  SIGNATURE <u>Margaret Hockenhull Treas.</u> <i>Margaret Hockenhull</i> <u>5-18-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 8, 2006</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOONTZ, A.J. 2255 ST. CHRISTOPHER LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALKER, BILL 2295 ST. CHRISTOPHER LANE VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HACKENHULL, NEIL 2265 ST. CHRISTOPHER LANE VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Paul Loven, 2285 St. Christopher Ln Vero Beach, Fl. 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRODNAX, MARY 2225 ST. CHRISTOPHER LANE VERO BEACH, FL 32963	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Margaret Hockenhull 2265 St. Christopher Lane, Vero Beach, Fl. 32963 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE:</b> <u>Margaret Hockenhull</u> <i>Margaret Hockenhull</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>5-18-06</u> <u>(772) 234-5162</u> <small>Date Daytime Phone #</small>	