

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90052 016 ****61.25

DOCUMENT # N27957

1. Entity Name

**ST. CHRISTOPHER BEACH PROPERTY OWNER'S
ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

2265 ST CHRISTOPHER LN
VERO BEACH FL 32963

2265 ST CHRISTOPHER LN
2225 ST. CHRISTOPHER LANE
VERO BEACH FL 32963

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

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOCKENHULL, MARGARET
2265 ST. CHRISTOPHER LN
VERO BEACH FL 32963**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
SD
KOONTZ, A.J.
STREET ADDRESS
2255 ST. CHRISTOPHER LANE
CITY - ST - ZIP
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
PD
WALKER, BILL
STREET ADDRESS
2295 ST. CHRISTOPHER LANE
CITY - ST - ZIP
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
VPD
LOVEN, PAUL
STREET ADDRESS
2285 ST. CHRISTOPHER LN
CITY - ST - ZIP
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME
TD
HOCKENHULL, MARGARET
STREET ADDRESS
2225 ST. CHRISTOPHER LANE
CITY - ST - ZIP
VERO BEACH FL 32963 ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME

STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Margaret Hockenhull **MARGARET HOCKENHULL** 1-29-07 772-234-5162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #