

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N28070 (3)
1. Corporation Name
GRAND BAY AT OAK HARBOUR HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business: **GRAND BAY AT OAK HARBOR OAK HARBOUR DR. JUNO BEACH FL 33408**
Mailing Address: **C/O BRISTOL MGMT. SVC. 103 S. US 1. F5-135 JUPITER FL 33477**

3. Date Incorporated or Qualified: **08/25/1988**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0112282**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**INGLIS, STEVE
103 S. US1, F5-135
JUPITER FL 33477**

10. Name and Address of New Registered Agent
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: Steve Inglis (NOTE: Registered Agent signature required when reinstating) DATE: 3-9-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JORDAN, DON	
STREET ADDRESS	2 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LUKE, TOM	
STREET ADDRESS	37 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CLARKE, FRED	
STREET ADDRESS	34 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	TR	<input type="checkbox"/> DELETE
NAME	SMITH, MARLENE	
STREET ADDRESS	6 GRAND BAY CIR	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CLARKE, B. J	
STREET ADDRESS	34 GRAND BAY CIR	
CITY-ST-ZIP	JUNO BCH FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDEN, RICK	
STREET ADDRESS	5 GRAND BAY CIR.	
CITY-ST-ZIP	JUNO BEACH FL 33408	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JACK TEN HAVE	
1.3 STREET ADDRESS	42 GRAND BAY CIRCLE	
1.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRANK OKONNER	
2.3 STREET ADDRESS	15 GRAND BAY CIRCLE	
2.4 CITY-ST-ZIP	JUNO BEACH, FL 33408	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 3/21/96 Daytime Phone #

CR2E037 (12/95)