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Apr 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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., 109 S. US 1, F5-135, JUPITER FL 33477

3. Date Incorporated or Qualified: 08/25/1988  
3a. Date of Last Report: 03/27/1996

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-sections for Suite, City & State, and Zip/Country.

4. FEI Number: 65-0112282  
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

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 (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: V	NAME: TENHORN, JACK	1.1 TITLE: VICE PRESIDENT / D	1.2 NAME: RYAN, WILLIAM
STREET ADDRESS: 42 GRAND BAY CIRCLE	CITY-ST-ZIP: JUNO BEACH FL	1.3 STREET ADDRESS: 6 GRAND BAY CIRCLE	1.4 CITY-ST-ZIP: JUNO BEACH FL 33408
TITLE: P	NAME: OKONNER, FRANK	2.1 TITLE: PRESIDENT / D	2.2 NAME: O'CONNOR, FRANK
STREET ADDRESS: 15 GRAND BAY CIRCLE	CITY-ST-ZIP: JUNO BEACH FL	2.3 STREET ADDRESS: 15 GRAND BAY CIRCLE	2.4 CITY-ST-ZIP: JUNO BEACH, FL 33408
TITLE: SD	NAME: CLARKE, FRED	3.1 TITLE: SD / D	3.2 NAME: JORDEN, DONALD
STREET ADDRESS: 34 GRAND BAY CIRCLE	CITY-ST-ZIP: JUNO BEACH FL 33408	3.3 STREET ADDRESS: 2 GRAND BAY CIRCLE	3.4 CITY-ST-ZIP: JUNO BEACH, FL 33408
TITLE: TR	NAME: SMITH, MARLENE	4.1 TITLE: Treasurer / D	4.2 NAME: BERARD, VERTUCCI, GARRO
STREET ADDRESS: 6 GRAND BAY CIR	CITY-ST-ZIP: JUNO BEACH FL 33408	4.3 STREET ADDRESS: 36 GRAND BAY CIRCLE	4.4 CITY-ST-ZIP: JUNO BEACH FL 33408
TITLE: S	NAME: CLARKE, B. J	5.1 TITLE: Secretary / D	5.2 NAME: MARY JANE DOBBINS
STREET ADDRESS: 34 GRAND BAY CIR	CITY-ST-ZIP: JUNO BCH FL 33408	5.3 STREET ADDRESS: 17 GRAND BAY CIRCLE	5.4 CITY-ST-ZIP: JUNO BEACH FL 33408
TITLE: D	NAME: JORDEN, RICK	6.1 TITLE: [Blank]	6.2 NAME: [Blank]
STREET ADDRESS: 5 GRAND BAY CIR.	CITY-ST-ZIP: JUNO BEACH FL 33408	6.3 STREET ADDRESS: [Blank]	6.4 CITY-ST-ZIP: [Blank]

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: FRANK O'CONNOR, President, 3/14/97  
Date: 3/14/97 Daytime Phone #: 561-863-7349

CR2E037 (9/96)