

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION
 ANNUAL REPORT
 1998



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

3. Date Incorporated or Qualified
 08/25/1988
 4. FEI Number 65-0112282 Applied For Not Applicable

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

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RYAN, WILLIAM	
STREET ADDRESS	8 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	P	<input type="checkbox"/> DELETE
NAME	O'DONNER, FRANK	
STREET ADDRESS	15 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JORDEN, DONALD	
STREET ADDRESS	2 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL 33408	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	VERTUCCI, GERARD	
STREET ADDRESS	38 GRAND BAY CIRCLE	
CITY-ST-ZIP	JUNO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOBBINS, MARY JANE	
STREET ADDRESS	17 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	Ryan, William	
1.3 STREET ADDRESS	8 Grand Bay Circle	
1.4 CITY-ST-ZIP	Juno Beach, FL 33408	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Vertucci, Gerard	
4.3 STREET ADDRESS	36 Grand Bay Circle	
4.4 CITY-ST-ZIP	Juno Beach, FL 33408	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Butler, Meredith	
5.3 STREET ADDRESS	33 Grand Bay Circle	
5.4 CITY-ST-ZIP	Juno Beach, FL 33408	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: _____ DATE: July 8, 1998 (51) 358-3305
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (5/98)