

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90103 027 \*\*\*\*61.25

**DOCUMENT # N28070**

1. Entity 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

725 N 1A1  
 C110  
 JUPITER FL 33477

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0112282

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGLIS, STEVE  
 725 N 1A1  
 JUPITER FL 33477

Name: **David Vaughn**  
 Street Address (P.O. Box Number is Not Acceptable): **Dickinson Management, Inc.**  
**400 Toney Penna Dr.**  
 City: **Jupiter** FL Zip Code: **33458**

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.

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**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KOHN, CAROL CAROLE 31 GRAND BAY CR JUNO BCH FL 33408	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRANTZ, RICHARD 29 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JORDEN, DON 2 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRANTZ, JOANNE Y 29 GRAND BAY CIR NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NAWKERVIS ROBERT J. 26 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EKEY RICHARD 5 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD O'CONNOR FRANK 15 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUSUMANO ROBERT L. 40 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANDER TERRI 42 GRAND BAY CIRCLE JUNO BEACH FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)