

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001888

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: ST. CHRISTOPHER'S HARBOR HOMEOWNER'S ASSOCIATION, INC.

## Current Principal Place of Business:

2105 ISLAND DRIVE  
VERO BEACH, FL 32963

## New Principal Place of Business:

2105 ISLAND DRIVE  
VERO BEACH, FL 32963 IR

## Current Mailing Address:

PO BOX 4378  
VERO BEACH, FL 32964

## New Mailing Address:

PO BOX 644378  
VERO BEACH, FL 32964 IR

FEI Number: 65-0511423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TYSON, PETER R  
2105 ISLAND DRIVE  
VERO BEACH, FL 32963 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: TYSON, PETER R  
Address: 2105 ISLAND DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: SONZOGNI, STEVEN  
Address: 2146 HARBOR LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: D ( ) Delete  
Name: EVAN, MILLER  
Address: 2126 HARBOR LANE  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SONZOGNI, STEVEN  
Address: 2146 HARBOR LANE  
City-St-Zip: VERO BEACH, FL 32963 IR

Title: D (X) Change ( ) Addition  
Name: EVAN, MILLER  
Address: 2126 HARBOR LANE  
City-St-Zip: VERO BEACH, FL 32963 IR

Title: D ( ) Change (X) Addition  
Name: SHEPPARD, RALPH  
Address: 2096 HARBOR LANE  
City-St-Zip: VERO BEACH, FL 32963 IR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER R TYSON

PD

01/20/2009

Electronic Signature of Signing Officer or Director

Date