## **2006 NOT-FOR-PROFIT CORPORATION**

## FILED Apr 28, 2006 8:00 am

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DOCUMENT # N9600004771  1. Entity Name ST. JAMES ISLAND AT OAK HARBOR HOMEOWNERS ASSOCIATION, INC.					Secretary of State 04-28-2006 90160 020 ****61.25				
Principal Place of Business 4380 USH HIGHWAY #1 VERO BEACH, FL 32967		Mailing Address 4380 USH HIGHWAY #1 VERO BEACH, FL 32967		1 <b>11111111</b>		• <b>• • • • • • • • • • • • • • • • • • </b>			
2. Principal Place of Business		3. Mailing Address		•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112006	Chg-NP	CR2E	037 (11/05)	
City & State		City & State			4. FEI Numbe 65-071	852		-	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desire	d 🗆	\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of Ne	w Registered	Agent	
SPEECHY	, JR, CLIFFORD S.		Name						
	HIGHWAY #1 ACH, FL 32967	Street Address		ddress (F	P.O. Box Numbe	r is Not Accepta	able)	··· ··· ···	
, in the second									
			City				FI	Zip Cod	le
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. I am familiar with, and accept the obligations of registered agent.									
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SIGNATURE .	Signature, typed or printed familiar inegisterephilipent	CLIFF and title if applicable. (NOTE:	Progressered Agent signed	SP is	when reinstating)	JR, M	GR.	4×2/	16
SIGNATURE .	Signature, typed or printed forms of registered ligent Filling Fee is \$61.25 Due by May 1, 2006	and trie if applicable. (NOTE: If Part Trust Fund Co	aign Financing		when reinstating) \$5.00 May Big Added to Fees			ck payable i	
SIGNATURE	Filing Fee is \$61.25	9. Election Camp Trust Fund Co	aign Financing	0	\$5.00 May Bo Added to Fees	f	lorida Depa	irtment of S	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 GRAFIUNTED NAME OF SIG