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May 18 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 # N96000004772 (7)  
1. Corporation Name  
ST. ANNE'S ISLAND AT OAK HARBOR HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 2121 GRAND HARBOR BOULEVARD VERO BEACH FL 32967  
Mailing Address: 2121 GRAND HARBOR BOULEVARD VERO BEACH FL 32967

2. Principal Place of Business	2a. Mailing Address
21 4820 20 <sup>th</sup> Avenue	26 4820 20 <sup>th</sup> Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Vero Beach, FL	28 Vero Beach, FL
Zip	Zip
24 32967	29 32967
Country	Country
25 Indian River	30 Indian River

3. Date Incorporated or Qualified: 09/13/1996  
4. FEI Number: 65-0711850 Applied For: Not Applicable  
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  
HENN, PETER J  
2121 GRAND HARBOR BOULEVARD  
VERO BEACH FL 32967

10. Name and Address of New Registered Agent  
81 Name: Heberling, Lynn M.  
82 Street Address (P.O. Box Number is Not Acceptable): 4820 20<sup>th</sup> Avenue  
83  
84 City: Vero Beach FL 85 Zip Code: 32967

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: *Lynn M. Heberling* *Lynn M. Heberling* DATE: 4/29/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD WIDELL, DOUGLAS	1.1 TITLE	DP Widell, Douglas
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	1.2 NAME	4820 20 <sup>th</sup> Avenue
CITY-ST-ZIP	VERO BEACH FL 32967	1.3 STREET ADDRESS	Vero Beach, FL 32967
	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D BYRNE, SUE C	2.1 TITLE	DT Byrne, Sue C.
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	2.2 NAME	4820 20 <sup>th</sup> Avenue
CITY-ST-ZIP	VERO BEACH FL	2.3 STREET ADDRESS	Vero Beach, FL 32967
	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD FLICKINGER, MARIA	3.1 TITLE	DVS Flickinger, Maria
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	3.2 NAME	4820 20 <sup>th</sup> Avenue
CITY-ST-ZIP	VERO BEACH FL 32967	3.3 STREET ADDRESS	Vero Beach, FL 32967
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S HENN, PETER J	4.1 TITLE	
STREET ADDRESS	2121 GRAND HARBOR BOULEVARD	4.2 NAME	
CITY-ST-ZIP	VERO BEACH FL 32967	4.3 STREET ADDRESS	
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	M HEBERLING, LYNN M.	5.1 TITLE	
STREET ADDRESS	4820 20 <sup>th</sup> AVE	5.2 NAME	
CITY-ST-ZIP	VERO BEACH FL	5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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: *Lynn M. Heberling* *Lynn M. Heberling* DATE: 4/29/98 (561) 778-5943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020845

CR2E037 (10/97)