

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N96000004772**

1. Entity Name

**ST. ANNE'S ISLAND AT OAK HARBOR HOMEOWNERS ASSOC**

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90149 007 \*\*\*\*61.25

Principal Place of Business 4820 20TH AVE VERO BEACH FL 32967 US	Mailing Address 4820 20TH AVE VERO BEACH FL 32967-1511 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>65-0711850</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**HEBERLING, L M**  
**4820 20TH AVE**  
**VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

Name: **RULE, LISA A**  
 Street Address (P.O. Box Number is Not Acceptable): **4820 20TH AVENUE**  
 City: **VERO BEACH** **FL** Zip Code: **32967**

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: *Lisa A Rule* **LISA A RULE** **4-17-2000**  
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>WIDELL, DOUGLAS</b> <b>4820 20TH AVE</b> <b>VERO BEACH FL 32967</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>BYRNE, SUE C</b> <b>4820 20TH AVE</b> <b>VERO BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>FLICKINGER, MARIA</b> <b>4820 20TH AVE</b> <b>VERO BEACH FL 32967</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>HEBERLING, LYNN M.</b> <b>4820 20TH AVE</b> <b>VERO BEACH FL</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HENN, PETER J</b> <b>2121 GRAND HARBOR BLVD.</b> <b>VERO BEACH FL 32967</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>SCHLITT, FRANK</b> <b>4820 20TH AVENUE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>POWELL, BEVERLY</b> <b>4820 20TH AVENUE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>RULE, LISA A</b> <b>4820 20TH AVENUE</b> <b>VERO BEACH, FL 32967</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Lisa A Rule* **LISA A RULE** **4-17-2000** **561-778-5943**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)