## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000001123

FILED Apr 25, 2005 Secretary of State

Entity Name: CALDICOTT HOUSE AT OAK HARBOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4340 U.S. HIGHWAY #1 630 25TH STREET SW VERO BEACH, FL 32967 VERO BEACH, FL 32962

Current Mailing Address: New Mailing Address:

4340 U.S. HIGHWAY #1 P.O. BOX 650429

VERO BEACH, FL 32967 VERO BEACH, FL 32965

FEI Number: 65-0711848 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RULE, LISA A RULE, LISA A

4340 U.S. HIGHWAY #1 630 25TH STREET SW

VERO BEACH, FL 32967 US VERO BEACH, FL 32962 US

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: 04/25/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

e: DV () Delete Title: DV (X) Change () Addition

 Name:
 HARRIS, GERTRUDE
 Name:
 COCKLEY, EBEN

 Address:
 4340 U.S. HIGHWAY#
 Address:
 P.O. BOX 650429

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32965

Title: DS ( ) Delete Title: DS (X) Change ( ) Addition

 Name:
 MILLS, LOLLY
 Name:
 CARTNICK, MARIE

 Address:
 4340 U. S. HIGHWAY #1
 Address:
 P. O. BOX 650429

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32965

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$ 

 Name:
 GORDON, WILLIAM
 Name:
 PITTS, BARBARA

 Address:
 4340 U.S. HIGHWAY #
 Address:
 P.O. BOX 650429

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32965

 $\label{eq:main_continuity} {\sf Title:} \qquad {\sf M} \qquad {\sf ( )} \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf M} \qquad {\sf (X)} \, {\sf Change} \, \left( \, \, \right) \, {\sf Addition}$ 

 Name:
 RHOADS, JAY
 Name:
 RULE, LISA

 Address:
 4340 US HIGHWAY #
 Address:
 P.O. BOX 650429

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32965

Title: D ( ) Delete Title: DT (X) Change ( ) Addition

 Name:
 RHOADS, JAY
 Name:
 RHOADS, JAY

 Address:
 4820 20TH AVE
 Address:
 P.O. BOX 650429

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32965

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 PLATT, ROBERT
 Name:
 PLATT, ROBERT

 Address:
 4340 U.S. HIGHWAY#
 Address:
 P.O. BOX 650429

 City-St-Zip:
 VERO BEACH, FL 32967
 City-St-Zip:
 VERO BEACH, FL 32965

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LISA RULE M 04/25/2005