

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000022414 (4)

1. Corporation Name  
OAK HARBOR COMMUNITY DEVELOPMENT, INC.

Principal Place of Business  
2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967

Mailing Address  
2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967-7216



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified  
03/23/1994

3a. Date of Last Report  
05/01/1996

4. FEI Number  
65-0482045

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~PROCTOR, DONALD C.~~  
~~2121 GRAND HARBOR BLVD.~~  
~~VERO BEACH FL 32967~~

81 Name PETER J. HENN  
82 Street Address (P.O. Box Number is Not Acceptable)  
2121 GRAND HARBOR BLVD.  
83  
84 City VERO BEACH FL 85 Zip Code 32967

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

PETER J. HENN

(NOTE: Registered Agent signature required when reinstating)

4/16/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	PROCTOR, DONALD C.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY - ST - ZIP	VERO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	<del>HERRICK, DAVID A.</del>	
STREET ADDRESS	<del>2121 GRAND HARBOR BLVD.</del>	
CITY - ST - ZIP	<del>VERO BCH FL</del>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WIDELL, DOUG	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY - ST - ZIP	VERO BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HENN, PETER J.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY - ST - ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	UPTAIN, KENNETH L.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY - ST - ZIP	VERO BCH FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	D'HAESELEER, RONALD V.	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	
CITY - ST - ZIP	VERO BCH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. HENN  
SECRETARY

Date

Daytime Phone #

4/16/97 (561) 562-9000

CR2E034 (9/96)