

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022414 (4)
1. Corporation Name

1. Corporation Name
OAK HARBOR COMMUNITY DEVELOPMENT, INC.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0482045	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HENN, PETER J 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROCTOR, DONALD C.	1.2 NAME	BYRNE SUE C.
STREET ADDRESS	2121 GRAND HARBOR BLVD.	1.3 STREET ADDRESS	2121 Grand Harbor Blvd.
CITY - ST - ZIP	VERO BCH FL	1.4 CITY - ST - ZIP	Vero Beach, FL 32967
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WIDELL, DOUG	2.2 NAME	STOREVEDT, JAN PETER
STREET ADDRESS	2121 GRAND HARBOR BLVD.	2.3 STREET ADDRESS	2121 Grand Harbor Blvd.
CITY - ST - ZIP	VERO BCH FL	2.4 CITY - ST - ZIP	Vero Beach, FL 32967
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENN, PETER J.	3.2 NAME	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH FL	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UPTAIN, KENNETH L.	4.2 NAME	PODBOY, EDWARD F.
STREET ADDRESS	2121 GRAND HARBOR BLVD.	4.3 STREET ADDRESS	2121 Grand Harbor Blvd.
CITY - ST - ZIP	VERO BCH FL	4.4 CITY - ST - ZIP	Vero Beach, FL 32967
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'HAESELEER, RONALD V.	5.2 NAME	VP
STREET ADDRESS	2121 GRAND HARBOR BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BCH FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 simplified 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:

PETER J. HENN, VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/98

Date _____

Daytime Hours #

0115348

CR2E034 (10/97)