

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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000022414

1. Corporation Name

OAK HARBOR COMMUNITY DEVELOPMENT, INC.

FILED

99 JAN 13 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967	Mailing Address 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967
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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 Not Applicable	
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 the current year Intangible Personal Property Tax. <input type="checkbox"/>		Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HENN, PETER J 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 FL		86 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	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BYRNE, SUE C.	1.2 NAME	
STREET ADDRESS	2121 GRAND HARBOR BLVD	1.3 STREET ADDRESS	500002747325--0
CITY-ST-ZIP	VERO BEACH FL 32967	1.4 CITY-ST-ZIP	01/20/99 01/27/99
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOREVEDT, JAN PETTER	2.2 NAME	*****158.75 *****158.75
STREET ADDRESS	2121 GRAND HARBOR BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32967	2.4 CITY-ST-ZIP	
TITLE	VPS	3.1 TITLE	<input 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	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODBOY, EDWARD F.	4.2 NAME	
STREET ADDRESS	2121 GRAND HARBOR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32967	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'HAESELEER, RONALD V.	5.2 NAME	
STREET ADDRESS	2121 GRAND HARBOR BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL	5.4 CITY-ST-ZIP	
TITLE		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)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. HENN

Date

Daytime Phone #

1/11/99

561-582-9000

CR2E034 (1/98)