FILED May 13, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P94000022414 1. Entity Name 05-13-2002 90100 004 ***150.00 OAK HARBOR COMMUNITY DEVELOPMENT, INC. Principal Place of Business Mailing Address 2121 GRAND HARBOR BLVD. 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0482045 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENN, PETER J Street Address (P.O. Box Number is Not Acceptable) 2121 GRAND HARBOR BLVD. VERO BEACH FL 32967 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME NORTH, ANNABEL NAME STREET ADDRESS 3755 7TH TERR STE 301 STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STOREVEDT, JAN PETTER NAME STREET ADDRESS 2121 GRAND HARBOR BLVD. STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32967 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HENN, PETER J. NAME STREET ADDRESS 2121 GRAND HARBOR BLVD. STREET ADDRESS CITY-ST-ZIP VERO BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE (Change ☐ Addition MCLAIN, MARY NAME NAME metain, Mary 3755 7TH TERR STE 301 STREET ADDRESS STREET ADDRESS 3755 7+# TESTACE, Suite 301; Were Brack CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-7IP TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. PETER J. HEWN

Daytime Phone

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR