

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
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DOCUMENT # P94000031291 (5)

1. Corporation Name
OAK HARBOR VILLAS COMMUNITY, INC.

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

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

3. Date Incorporated or Qualified
04/25/1994

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
65-0501793

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 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 of person or persons of registered agent and title if applicable.

PETER J. HENN

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/97

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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:

PETER J. HENN
SECRETARY

4/16/97 (561) 562-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0111218

CR2E034 (9/96)