

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90128 006 \*\*\*150.00

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**DOCUMENT # P94000031291**

1. Entity 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**

2. Principal Place of Business  
**3755 7th Terrace, Suite 301**  
Suite, Apt. #, etc.

3. Mailing Address  
**3755 7th Terrace, Suite 301**  
Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

4. FEI Number  
**65-0501793**

Applied For  
Not Applicable

Zip  
**32960**

Country  
**US**

Zip  
**32960**

Country  
**US**

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HENN, PETER J  
2121 GRAND HARBOR BLVD.  
VERO BEACH FL 32967**

**7. Name and Address of New Registered Agent**

Name  
**Henn, Peter J.**  
Street Address (P.O. Box Number is Not Acceptable)  
**3755 7th Terrace, Suite 301**  
City  
**Vero Beach, FL** Zip Code  
**FL 32960**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**PETER J. HENN** Signature required when reinstating

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	<b>VS</b>	<input type="checkbox"/> Delete
NAME	<b>NORTH, ANNABEL</b>	
STREET ADDRESS	<b>3755 7TH TERRACE SUITE 301</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HENN, PETER J.</b>	
STREET ADDRESS	<b>3755 7TH TERRACE, SUITE 301</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STORETVEDT, JAN P</b>	
STREET ADDRESS	<b>2121 GRAND HARBOR BLVD</b>	
CITY-ST-ZIP	<b>VERO BCH FL 32967</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> Delete
NAME	<b>MCLAIN, MARY</b>	
STREET ADDRESS	<b>3755 7TH TERRACE SUITE 301</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>North, Annabel</b>	
STREET ADDRESS	<b>3755 7th Terrace, Suite 301</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Storetvedt, Jan Petter</b>	
STREET ADDRESS	<b>3755 7th Terrace, Suite 301</b>	
CITY-ST-ZIP	<b>Vero Beach, FL 32960</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
**PETER J. HENN**

Date

Daytime Phone #

**772-778-0180**

CR2E034 (10/02)