2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State
04-28-2006 90159 029 ****61.25

DOCUMENT # N96000004770

1. Entity Name
OAK HARBOR PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4340 US HWY #1 VERO BEACH, FL 32967 US	3755 7TH TERR SUITE 304 VERO BEACH, FL 32967

04112006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
4380 U.S. Hwy #1 Suite, Apt. #, etc.	4380 U.S. Hwy #1 Suite, Apt. #, etc.
City & State: VERO BEACH FL	City & State: VERO BEACH FL
Zip: 32967 Country: INDIAN RIVER	Zip: 32967 Country: INDIAN RIVER

4. FEI Number 65-0711847 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPEECHLY, CLIFFORD S JR
4340 US HWY #1
VERO BEACH, FL 32967

7. Name and Address of New Registered Agent

Name: CLIFFORD S. SPEECHLY, JR.
Street Address (P.O. Box Number is Not Acceptable): 4380 U.S. Hwy #1
City: VERO BEACH FL Zip Code: 32967

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] CLIFFORD S. SPEECHLY JR, MGR. 4/27/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NORTH, ANNABEL 4340 US HWY #1 VERO BEACH, FL 32967	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NORTH, ANNABEL 4380 U.S. Hwy #1 VERO BEACH FL 32967	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST KURTYKA, HENRY 4340 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST GROHOL JENNIFER 4380 U.S. Hwy. #1 VERO BEACH FL 32967	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV BUZA, PETER L 4340 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV REESE, AIAN 4380 U.S. HWY #1 VERO BEACH FL 32967	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M RULE, LISA A 4340 US HWY #1 VERO BEACH, FL 32967	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M SPEECHLY CLIFFORD S JR. 4380 U.S Hwy #1 VERO BEACH FL 32967	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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] CLIFFORD S. SPEECHLY, JR 4/27/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #