


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90270 005 \*\*\*\*61.25

**DOCUMENT # N99000006568**

1. Entity Name  
**OAK CHASE PROPERTY OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**835 20TH PLACE**  
**VERO BEACH, FL 32960**

Mailing Address  
**835 20TH PLACE**  
**VERO BEACH, FL 32960**

2. Principal Place of Business - No P.O. Box #  
**6500 33rd Street**


3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**

City & State  
 City & State

Zip  
**32966** Country  
**USA**

4001



04122007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0972758** Applied For  
 Not Applicable

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

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

**MERRILL, CRAIG**  
**835 20TH PLACE**  
**VERO BEACH, FL 32960**

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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**

TITLE D	<input type="checkbox"/> Delete	NAME NICHOLAS, ROBERT
STREET ADDRESS 6560-35TH LANE		CITY-ST-ZIP VERO BEACH, FL 329667800
TITLE D	<input checked="" type="checkbox"/> Delete	NAME HAYDEN, REET
STREET ADDRESS 6431 34TH LN		CITY-ST-ZIP VERO BEACH, FL 32966
TITLE D	<input type="checkbox"/> Delete	NAME SHERWOOD, EMILY
STREET ADDRESS 6546 35TH PLACE		CITY-ST-ZIP VERO BEACH, FL 32966
TITLE S	<input type="checkbox"/> Delete	NAME DUERIGEN, ROBERT
STREET ADDRESS 6546 35TH PLACE		CITY-ST-ZIP VERO BEACH, FL 32966
TITLE P	<input type="checkbox"/> Delete	NAME FLAGG, BARBARA
STREET ADDRESS 6566 35TH PLACE		CITY-ST-ZIP VERO BEACH, FL 32966
TITLE VP	<input type="checkbox"/> Delete	NAME BEUKERS, JOHN
STREET ADDRESS 6530 36TH PLACE		CITY-ST-ZIP VERO BEACH, FL 32966

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME William Henry
STREET ADDRESS 6465 36th Place		CITY-ST-ZIP Vero Beach, FL 32966
TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Adrian Dery
STREET ADDRESS 6432 34th Lane		CITY-ST-ZIP Vero Beach, FL 32966
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 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: Barbara W. Flagg Date: 4/12/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #