

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90211 025 \*\*\*\*61.25

0015192

**DOCUMENT # N99000006568**

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

Principal Place of Business <b>3201 CARDINAL DR. 2ND FLOOR          VERO BEACH FL 32961-2062</b>	Mailing Address <b>3201 CARDINAL DR. 2ND FLOOR          VERO BEACH FL 32961-2062</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1105 12th Street</b>
City & State	City & State <b>Vero Beach, FL</b>
Zip	Country <b>USA</b>



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHASE, DAVID B**  
**3201 CARDINAL DR, 2ND FLOOR**  
**VERO BEACH FL 32961-2062**

7. Name and Address of New Registered Agent

Name **Karen Merrill**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1105 12th Street**  
 City **Vero Beach** FL Zip Code **32960**

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 **Karen Merrill** DATE **3-4-02**

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD CHASE, DAVID B 3201 CARDINAL DR, 2ND FLOOR VERO BEACH FL 32961-2062</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MARKLEY, JOHN 3201 CARDINAL DR, 2ND FLOOR VERO BEACH FL 32961-2062</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD ROBINSON, PETER 3201 CARDINAL DR, 2ND FLOOR VERO BEACH FL 32961-2062</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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]** DATE: **3-29-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)