


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90142 046 \*\*\*\*61.25

**DOCUMENT # N99000006568**

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



Principal Place of Business  
**3201 CARDINAL DR. 2ND FLOOR  
VERO BEACH FL 32961-2062**

Mailing Address  
**1105 12TH STREET  
VERO BEACH FL 32960**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**835 20th Place**  
Suite, Apt. #, etc.

City & State  
**Vero Beach, FL**

Zip  
**32960**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

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, KAREN  
1105 12TH STREET  
VERO BEACH FL 32960**

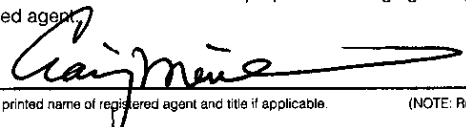
7. Name and Address of New Registered Agent

Name **Craig Merrill**

Street Address (P.O. Box Number is Not Acceptable)  
**835 20th Place**

City **Vero Beach** State **FL** Zip Code **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  DATE **3/7/03**

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

**FILE NOW: FEE IS \$61.25**

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 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
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:  DATE **3/6/03**

CR2E037 (10/02)