

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2005 8:00 am**  
**Secretary of State**

03-07-2005 90278 035 \*\*\*\*61.25

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<b>DOCUMENT # N99000006568</b>					
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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 65-0972758				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MERRILL, CRAIG 835 20TH PLACE VERO BEACH, FL 32960			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PTD.	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHASE, DAVID B		NAME	ROBERT NICHOLAS	
STREET ADDRESS	3201 CARDINAL DR, 2ND FLOOR		STREET ADDRESS	6560 35TH LANE	
CITY-ST-ZIP	VERO BEACH, FL 329612062		CITY-ST-ZIP	VERO BEACH, FL 32966-7800	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKLEY, JOHN		NAME	BARBARA SNELL	
STREET ADDRESS	3201 CARDINAL DR, 2ND FLOOR		STREET ADDRESS	6411 34TH LANE	
CITY-ST-ZIP	VERO BEACH, FL 329612062		CITY-ST-ZIP	VERO BEACH, FL 32966-7800	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, PETER		NAME	ADRIAN DEBY	
STREET ADDRESS	3201 CARDINAL DR, 2ND FLOOR		STREET ADDRESS	6432 34TH LANE	
CITY-ST-ZIP	VERO BEACH, FL 329612062		CITY-ST-ZIP	VERO BEACH, FL 32966-7800	
TITLE		<input checked="" type="checkbox"/> Delete	TITLE	<del>SECRETARY</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<del>LISA THOMPSON</del>	Delete Completely - Not on Board
STREET ADDRESS			STREET ADDRESS	<del>6476 33RD LANE</del>	
CITY-ST-ZIP			CITY-ST-ZIP	<del>VERO BEACH, FL 32966-7800</del>	
TITLE		<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	DAVID MARTIN	
STREET ADDRESS			STREET ADDRESS	6485 36TH LANE	
CITY-ST-ZIP			CITY-ST-ZIP	VERO BEACH, FL 32966	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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: <u>Robert Nicholas</u>		Date: <u>2/17/05</u>		Daytime Phone #: <u>784-4290</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PRESIDENT			