


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90298 041 \*\*\*\*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  
 Suite, Apt. #, etc.

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

City & State  
 City & State

Zip Country Zip Country

40087934



02022006 Chg-NP CR2E037 (11/05)

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, 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**

TITLE <i>DIR</i>	<input type="checkbox"/> Delete
NAME <b>NICHOLAS, ROBERT</b>	
STREET ADDRESS <b>6560-35TH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 329667800</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME <b>SNELL, BARBARA</b>	
STREET ADDRESS <b>6411-34TH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 329667800</b>	
TITLE <b>T</b>	<input type="checkbox"/> Delete
NAME <b>DERY, ADRIAN</b>	
STREET ADDRESS <b>6432-34TH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 329667800</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete
NAME <b>MARTIN, DAVID</b>	
STREET ADDRESS <b>6485-36TH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE <i>Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROBERT NICHOLAS</b>	
STREET ADDRESS <b>6560 35TH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	
TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>REET HAYDEN</b>	
STREET ADDRESS <b>6431 34TH LANE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	
TITLE <i>Director</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>EMILY SHERWOOD</b>	
STREET ADDRESS <b>6472 34TH PLACE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	
TITLE <i>SECRETARY</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROBERT DUENIGEN</b>	
STREET ADDRESS <b>6546 35TH PLACE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	
TITLE <i>P</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BARBARA FLAGG</b>	
STREET ADDRESS <b>6566 35TH PLACE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	
TITLE <i>VP</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>JOHN BEUKERS</b>	
STREET ADDRESS <b>6530 36TH PLACE</b>	
CITY-ST-ZIP <b>VERO BEACH, FL 32966</b>	

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: 4/3/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #