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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723731** (6)

1. Corporation Name

THIRD OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**4450 N. A1A
P O BOX 3612
VERO BEACH FL 32964**

**4450 N. A1A
P O BOX 3612
VERO BEACH FL 32963-5406**



3. Date Incorporated or Qualified
06/22/1972

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1525258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAM, STEWART J
3355 SOUTH OCEAN DRIVE
VERO BEACH FL 32964**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'BRYAN, JOSEPH C.	
STREET ADDRESS	4450 N. A1A #501	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MALONE, EDWIN J.	
STREET ADDRESS	4450 N A1A #402	
CITY - ST - ZIP	VERO BEACH FL 32963	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SARTORI, ANN	
STREET ADDRESS	4450 N. A1A #103	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRAUGHN, A. ERNEST	
STREET ADDRESS	831 HEATHERCREST	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MATTIE, RICHARD	
STREET ADDRESS	21 WESTCHESTER DRIVE	
CITY - ST - ZIP	CARTER GA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DYER, JOHN M.	
STREET ADDRESS	3406 RAMSGATE TERRACE	
CITY - ST - ZIP	ALEXANDRIA VA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	REESE, Mervin	
1.3 STREET ADDRESS	4450 N A1A # 205	
1.4 CITY - ST - ZIP	VERO BEACH, FL 32963	
2.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	HEALY, Rhonda	
3.3 STREET ADDRESS	4450 A1A # 304	
3.4 CITY - ST - ZIP	VERO BEACH, FL 32963	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STRAUGHN, BOA	
4.3 STREET ADDRESS	4450 A1A # 306	
4.4 CITY - ST - ZIP	VERO BEACH, FL 32963	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ben J. Straughn

4/10/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020823

CP2E037 (9/96)