


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90182 019 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 723731 - (6)</b>					
1. Corporation Name <b>Third Ocean Club Condominium Association, Inc.</b>					
Principal Place of Business <b>P.O. Box 65</b> <b>Jensen Beach, FL 34958</b>			Mailing Address <b>P.O. Box 65</b> <b>Jensen Beach, FL 34958</b>		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/22/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1525258	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reese, Mervin	1.2 NAME	REESSE, MERVIN
STREET ADDRESS	3030 South 106th Street	1.3 STREET ADDRESS	3030 SOUTH 106TH ST.
CITY-ST-ZIP	Omaha, NE 68124	1.4 CITY-ST-ZIP	OMAHA, NE. 68124
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Costley, Wayne	2.2 NAME	COSTLEY, WAYNE
STREET ADDRESS	4450 North Ala #104	2.3 STREET ADDRESS	4450 N. ALA #104
CITY-ST-ZIP	Vero Beach, FL	2.4 CITY-ST-ZIP	VERO Bch., FL. 32962
TITLE	S/T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Douglas, Richard	3.2 NAME	DOUGLAS, RICHARD
STREET ADDRESS	117 Prestwick Circle	3.3 STREET ADDRESS	117 PRESTWICK CIRCLE
CITY-ST-ZIP	Vero Beach, FL	3.4 CITY-ST-ZIP	VERO Bch., FL 32962
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dyer, Jack	4.2 NAME	DANIEL GILROY
STREET ADDRESS	3406 Romsgate Terrace	4.3 STREET ADDRESS	4450 ALAIA #101
CITY-ST-ZIP	Alexandria, VA	4.4 CITY-ST-ZIP	VERO Bch., FL. 32962
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Bryan, Joseph	5.2 NAME	RICHARD MATTIE
STREET ADDRESS	4450 North Ala #501	5.3 STREET ADDRESS	21 WESTCHESTER DR.
CITY-ST-ZIP	Vero Beach, FL	5.4 CITY-ST-ZIP	CATERSVILLE, GA. 30120
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jensen, Douglas	6.2 NAME	EDGE, TIM
STREET ADDRESS	3406 Ramsgate Terrace	6.3 STREET ADDRESS	4450 ALAIA #302
CITY-ST-ZIP	Alexandria, VA	6.4 CITY-ST-ZIP	VERO Bch., FL. 32962

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 *Sam*  
Date Daytime Phone #

CR2E037 (11/98)