

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **725393** (3)  
1. Corporation Name  
**FIRST OCEANSIDE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **1441 OCEAN DRIVE VERO BEACH FL 32963-5305**  
Mailing Address: **1441 OCEAN DRIVE VERO BEACH FL 32963-5305**

3. Date Incorporated or Qualified: **01/29/1973**  
3a. Date of Last Report: **03/17/1995**  
4. FEI Number: **59-1563772**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc. (22-23)  
23. City & State (23-24)  
24. Zip (24-25) Country (25-26)  
26. Suite, Apt. #, etc. (26-27)  
27. City & State (27-28)  
28. Zip (28-29) Country (29-30)

9. Name and Address of Current Registered Agent  
**CONDON, FREDERICK J  
205 OCEANSIDE  
1441 OCEAN DR.  
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '96	
TITLE	VD LIVINGSTON, JOHN 1576 SMUGGLERS COVE VERO BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Kirt Salem 208 1441 Ocean Dr. Vero Beach, FL 32963
NAME	D ANDERSON, JAMES D. 308 1441 OCEAN DR VERO BEACH, FL 0	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D John McIntosh 305 1441 OCEAN DR. VERO BEACH FL
STREET ADDRESS	D SHELTON, ELLEN 111-1441 OCEAN DR VERO BEACH, FL 0	2.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D Shelton, Ellen 111 1441 Ocean Dr. Vero Beach, Florida 32963
CITY-ST-ZIP	DS HOLT, DELORES 303 1441 S. OCEAN DR. VERO BEACH FL	2.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS Holt, Delores 303 1441 Ocean Dr Vero Beach, FL 32963
CITY-ST-ZIP	DP CONDON, FREDERICK J 205-1441 OCEAN DR. VERO BEACH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	DT LANCASTER, KATHRYN Kathleen 102-441 OCEAN DR. VERO BEACH, FL 0	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DT Lancaster, Kathleen 102 1441 Ocean Dr Vero Beach, Florida 32963
CITY-ST-ZIP		3.2 NAME	
CITY-ST-ZIP		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		5.1 TITLE	
CITY-ST-ZIP		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	
CITY-ST-ZIP		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ellen M. Shelton 3/10/96 407/231-5966  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
ELLEN SHELTON SECY

CR2E037 (12/95)