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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32963-5300

3. Date Incorporated or Qualified: 01/29/1973
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: 59-1563772
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

9. Name and Address of Current Registered Agent
CONDON, FREDERICK J
205 OCEANSIDE
1441 OCEAN DR.
VERO BEACH FL 32963
*Pres. JOHN LIVINGSTON
1576 SMUGGLERS COVE
VERO BEACH, FL 32963*

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: *John B. Livingston* DATE: 4/24/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	VD	<input type="checkbox"/>
NAME	LIVINGSTON, JOHN <i>Pres.</i>	
STREET ADDRESS	1576 SMUGGLERS COVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	MCINTOSH, JOHN <i>VPD</i>	
STREET ADDRESS	305 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	ELLEN SHELTON <i>OLIVE MUNZEN MEYER</i>	
STREET ADDRESS	111 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	DS	<input type="checkbox"/>
NAME	HOLT, DOLORES	
STREET ADDRESS	303 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DP	<input checked="" type="checkbox"/>
NAME	CONDON, FREDERICK J	
STREET ADDRESS	205-1441 OCEAN DR.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input type="checkbox"/>
NAME	LANCASTER, KATHLEEN	
STREET ADDRESS	102 1441 OCEAN DR	
CITY-ST-ZIP	VERO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	VPD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	DALEN, KIRT		
3.3 STREET ADDRESS	1441 OCEAN Drive # 208		
3.4 CITY-ST-ZIP	VERO BEACH, FL 32960		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	D	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	MATTERN, DONALD		
5.3 STREET ADDRESS	1441 OCEAN DR. # 311		
5.4 CITY-ST-ZIP	VERO BEACH, FL 32960		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(l), 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: *Dolores Holt* DATE: 4/21/97 4572
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)