


FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 01/29/1973	
4. FEI Number 59-1563772	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LINGSTON, JOHN
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

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	PD	1.1 TITLE	<input type="checkbox"/> DELETE
NAME	LIVINGSTON, JOHN	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1576 SMUGGLERS COVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	MCINTOSH, JOHN	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	305 1441 OCEAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> DELETE
NAME	SALEN, KIRT	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1441 OCEAN DR., #208	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	<input type="checkbox"/> DELETE
NAME	HOLT, DELORES	4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	303 1441 OCEAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> DELETE
NAME	MATTERN, DONALD	5.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1441 OCEAN DR., #311	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DT	6.1 TITLE	<input type="checkbox"/> DELETE
NAME	LANCASTER, KATHLEEN	6.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	102 1441 OCEAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	6.4 CITY-ST-ZIP	

1.1 TITLE	D	LIVINGSTON, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		1576 SMUGGLERS COVE	
1.3 STREET ADDRESS		VERO Bch, FL 32963	
1.4 CITY-ST-ZIP			
2.1 TITLE	D	ANDERSON, J.A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		1441 OCEAN DR. #308	
2.3 STREET ADDRESS		VERO Bch, FL 32960	
2.4 CITY-ST-ZIP			
3.1 TITLE	D	MUNZENMAYER, OLIVE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		1441 OCEAN DR. #109	
3.3 STREET ADDRESS		VERO Bch, FL 32960	
3.4 CITY-ST-ZIP			
4.1 TITLE	VPD	KAIK, KATH	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		1441 OCEAN DR. #109	
4.3 STREET ADDRESS		VERO Bch, FL 32960	
4.4 CITY-ST-ZIP			
5.1 TITLE	PD	MATTERN, DONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		1441 OCEAN DR. #311	
5.3 STREET ADDRESS		VERO Bch, FL 32960	
5.4 CITY-ST-ZIP			
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.

SIGNATURE: *[Signature]* DONALD E. MATTERN, PRES 3/12/98 231-6570

CF2E037 (10/97)