


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90010 048 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725393

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/29/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1563772
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 HOLT, DOLORES 82 Street Address (P.O. Box Number is Not Acceptable) 1441 OCEAN DR. #303 83 VERO BEACH, 84 City FL 85 Zip Code 32963
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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 Dolores Holt (NOTE: Registered Agent signature required when reinstating) DATE 7/19/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME LIVINGSTON, JOHN	1.1 TITLE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1576 SMUGGLERS COVE	CITY-ST-ZIP VERO BEACH FL 32963	1.2 NAME FREDERICK CONDAN	
TITLE D <input type="checkbox"/> DELETE	NAME ANDERSON, J D	1.3 STREET ADDRESS 1441 OCEAN DR. #205	
STREET ADDRESS 1441 OCEAN DR #308	CITY-ST-ZIP VERO BEACH FL 32960	1.4 CITY-ST-ZIP VERO BEACH FL 32963	
TITLE * D <input type="checkbox"/> DELETE	NAME MUNZEN MAYER, OLIVE	2.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 1441 OCEAN DR #	CITY-ST-ZIP VERO BEACH FL 32960	2.2 NAME RUTH KOIRK	
TITLE * DS <input type="checkbox"/> DELETE	NAME HOLT, DOLORES	2.3 STREET ADDRESS 1441 OCEAN DR. #107	
STREET ADDRESS 303 1441 OCEAN DR	CITY-ST-ZIP VERO BEACH FL	2.4 CITY-ST-ZIP VERO BEACH FL. 32963	
TITLE PD <input checked="" type="checkbox"/> DELETE	NAME MATTERN, DONALD	3.1 TITLE * SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1441 OCEAN DR., #311	CITY-ST-ZIP VERO BEACH FL 32960	3.2 NAME	
TITLE DT * <input type="checkbox"/> DELETE	NAME LANCASTER, KATHLEEN	3.3 STREET ADDRESS	
STREET ADDRESS 102 1441 OCEAN DR	CITY-ST-ZIP VERO BEACH FL	3.4 CITY-ST-ZIP	
		4.1 TITLE * TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
		5.2 NAME EDNA TROISI	
		5.3 STREET ADDRESS 1441 OCEAN DR. #209	
		5.4 CITY-ST-ZIP VERO BEACH FL. 32963	
		6.1 TITLE * VICE-PRESIDENT <input checked="" 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, with all other like empowered.

SIGNATURE: X Katherine Harris SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR u.p DATE 7/19/99 DAYTIME PHONE # 561.534.9913

CR2E037 (5/99)