

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

**FILED**

**Mar 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726226 (4)**

1. Corporation Name  
**OCEAN TOWERS II OF VERO BEACH, INC.**



Principal Place of Business 2800-2824 CARDINAL DR VERO BCH FL 32963 US	Mailing Address PO BOX 3805 VERO BCH FL 32964 US
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3. Date Incorporated or Qualified <b>04/24/1973</b>	
4. FEI Number <b>59-1582260</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**GODFREY, SOPHIA  
 2814 CARDINAL DR  
 VERO BCH 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAM LORD	
STREET ADDRESS	2822 CARDINAL DRIVE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BYLES, NANCY	
STREET ADDRESS	2800 CARDINAL DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	PT	<input checked="" type="checkbox"/> DELETE
NAME	GODFREY, SOPHIA	
STREET ADDRESS	2814 CARDINAL DR	
CITY-ST-ZIP	VERO BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLERENA, EDWARD D	
STREET ADDRESS	924 RIOMAR DR	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Lord	
1.3 STREET ADDRESS	2822 Cardinal Drive	
1.4 CITY-ST-ZIP	VERO BEACH FL 32963	
2.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Martina Henriquez	
2.3 STREET ADDRESS	2806 Cardinal Dr.	
2.4 CITY-ST-ZIP	VERO BEACH FL 32963	
3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Godfrey, Sophia	
3.3 STREET ADDRESS	2814 Cardinal Dr.	
3.4 CITY-ST-ZIP	VERO BEACH FL 32963	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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: *Sandra B. Mortham* DATE: *9/12/98*

CP2E037 (1097)