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**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90119 043 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 726226**

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 3905  
VERO BCH FL 32964  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/24/1973

4. FEI Number

59-1582260

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GODFREY, SOPHIA  
2814 CARNIDAL DR  
VERO BCH FL 32963

10. Name and Address of New Registered Agent

81 Name *Mary Louise Lord*  
82 Street Address (P.O. Box Number is Not Acceptable)  
*1822 Cardinal Dr*  
83  
84 City *Vero Beach* FL 85 Zip Code *32963*

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

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LORD, WILLIAM	
STREET ADDRESS	2822 CARDINAL DRIVE	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	HARGRAVE, MAXINE	
STREET ADDRESS	2806 CARDINAL DR	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GODFREY, SOPHIA	
STREET ADDRESS	2814 CARDINAL DR	
CITY-ST-ZIP	VERO BCH FL 32963	
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	VPD John M Richey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	2810 Cardinal Dr.	
1.3 STREET ADDRESS	Vero Beach, Fl 32963	
1.4 CITY-ST-ZIP		
2.1 TITLE	S Emily Hagen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2824 Cardinal Dr	
2.3 STREET ADDRESS	Vero Beach, Fl. 32963	
2.4 CITY-ST-ZIP		
3.1 TITLE	TD Sophia Godfrey	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	2814 Cardinal Dr	
3.3 STREET ADDRESS	Vero Beach, Fl 32963	
3.4 CITY-ST-ZIP		
4.1 TITLE	PD Mary Louise Lord	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1822 Cardinal Drive	
4.3 STREET ADDRESS	Vero Beach, Fl 32963	
4.4 CITY-ST-ZIP		
5.1 TITLE	DMarie Sawyer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	2816 Cardinal Drive	
5.3 STREET ADDRESS	Vero Beach, Fl 32963	
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, with all other like empowered.

SIGNATURE:

*Mary Louise Lord*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*  
Title

2/14/99  
Date

561-234-4546  
Daytime Phone #

CR2E037 (1/1/98)