

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729876 (3)
1. Corporation Name
OCEANS THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
3043 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118

3. Date Incorporated or Qualified **06/06/1974** 3a. Date of Last Report **04/28/1995**
4. FEI Number **59-1649524** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
HENDRIX, JULIA
3043 S. ATLANTIC AVE UNIT #402
DAYTONA BEACH SHORES FL 32118

10. Name and Address of New Registered Agent
81 Name **EDWIN JOHNSON**
82 Street Address (P.O. Box Number is Not Acceptable) **3043 S. ATLANTIC AVE. #404**
83 **DAYTONA BEACH SHORES**
84 City **FL** 85 Zip Code **32118**

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 *Edwin Johnson* **PRESIDENT** DATE **3/21/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDRIX, JULIA	1.2 NAME	EDWIN JOHNSON
STREET ADDRESS	3043 S. ATLANTIC AVE UNIT #402	1.3 STREET ADDRESS	3043 S. Atlantic Ave. # 404
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	1.4 CITY-ST-ZIP	Daytona Beach Shores, FL.
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORR, RHODA	2.2 NAME	RAY BENZA
STREET ADDRESS	3043 S. ATLANTIC AVE UNIT #1504	2.3 STREET ADDRESS	3043 S. Atlantic Ave. #2204
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	2.4 CITY-ST-ZIP	Daytona Beach Shores, FL.
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JENNINGS, JERRY	3.2 NAME	JOAN JENNINGS
STREET ADDRESS	3043 S. ATLANTIC AVE UNIT #1404	3.3 STREET ADDRESS	3043 S. Atlantic Ave. # 1404
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	3.4 CITY-ST-ZIP	Daytona Beach Shores, FL.
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, EDNA	4.2 NAME	JOAN JENNINGS
STREET ADDRESS	3043 S. ATLANTIC AVE UNIT #1603	4.3 STREET ADDRESS	3043 S. Atlantic Ave. # 1404
CITY-ST-ZIP	DAYTONA BCH SHOR, F00000	4.4 CITY-ST-ZIP	Daytona Beach Shores, FL.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENZA, RAY	5.2 NAME	SHIRLEY BISHOP
STREET ADDRESS	3043 S. ATLANTIC AVE UNIT #2204	5.3 STREET ADDRESS	3043 S. Atlantic Ave. # 302
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	5.4 CITY-ST-ZIP	Daytona Beach Shores, FL.
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLUM, VIRGINIA	6.2 NAME	VIRGINIA DENTON
STREET ADDRESS	3043 SO. ATLANTIC AVENUE #1203	6.3 STREET ADDRESS	3043 S. Atlantic Ave. # 901
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	6.4 CITY-ST-ZIP	Daytona Beach Shores, FL.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edwin Johnson* DATE: **3/21/96** DAYTIME PHONE #: **761-4911**
Signature and typed or printed name of signing officer or director. Date

CR2E037 (12/95)