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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729876 (3)  
1. Corporation Name  
OCEANS THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 3043 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118	Mailing Address 3043 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6150
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/06/1974	3a. Date of Last Report 03/27/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1649524	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHNSON, EDWIN 3043 S ATLANTIC AVENUE SUITE 404 DAYTONA BEACH SHORES FL 32118	10. Name and Address of New Registered Agent
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, EDWIN	1.2 NAME	
STREET ADDRESS	3043 S ATLANTIC AVENUE #404	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	1.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNINGS, JOAN	2.2 NAME	ST RHODA CORR
STREET ADDRESS	3043 S ATLANTIC AVENUE #2204	2.3 STREET ADDRESS	3043 S ATLANTIC AVE #1504
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	2.4 CITY-ST-ZIP	DAYTONA BCH SHORES F 32118
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, SHIRLEY	3.2 NAME	D GARY LUNT
STREET ADDRESS	3043 S ATLANTIC AVENUE #404	3.3 STREET ADDRESS	3043 S. ATLANTIC AVE #1904
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	3.4 CITY-ST-ZIP	DAYTONA BCH SHORES FL 32118
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENTON, VIRGINIA	4.2 NAME	
STREET ADDRESS	3043 S ATLANTIC AVENUE #901	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHOR, F00000	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZA, RAY	5.2 NAME	
STREET ADDRESS	3043 S. ATLANTIC AVE UNIT #2204	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Rhoda Corr *Rhoda Corr* 3-13-97 904-760-5710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002210

DE037 (9/96)