

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 30 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 06/06/1974
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4. FEI Number 59-1649524	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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City & State 23	City & State 28
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7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Zip 24	Country 25	Zip 29	Country 30
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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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, EDWIN
3043 S ATLANTIC AVENUE
SUITE 404
DAYTONA BEACH SHORES FL 32118**

81 Name EDWIN JOHNSON	
82 Street Address (P.O. Box Number is Not Acceptable) 3043 S. ATLANTIC AVE #404	
83 DAYTONA BEACH SHORES, FL 32118	
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: *Raymond Benza* *Edwin Johnson - Pres.* DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	<input type="checkbox"/> DELETE
NAME JOHNSON, EDWIN	
STREET ADDRESS 3043 S ATLANTIC AVENUE #404	
CITY-ST-ZIP DAYTONA BEACH SHORES FL	
TITLE ST	<input type="checkbox"/> DELETE
NAME CORR, RHODA	
STREET ADDRESS 3043 S ATLANTIC AVE #1504	
CITY-ST-ZIP DAYTONA BEACH SHORES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME DENTON, VIRGINIA	
STREET ADDRESS 3043 S ATLANTIC AVENUE #901	
CITY-ST-ZIP DAYTONA BCH SHOR, F00000	
TITLE V	<input type="checkbox"/> DELETE
NAME BENZA, RAY	
STREET ADDRESS 3043 S. ATLANTIC AVE UNIT #2204	
CITY-ST-ZIP DAYTONA BEACH SHORES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME LUNT, GARY	
STREET ADDRESS 3043 S ATLANTIC AVE #1904	
CITY-ST-ZIP DAYTONA BEACH SHORES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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: *Raymond Benza* *Edwin Johnson - Pres.* DATE: _____

CR2E037 (10/97)

904-761-4911
1-22-98