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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729876

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/06/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1649524
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 TOM LANGAN 82 Street Address (P.O. Box Number is Not Acceptable) 3043 ATLANTIC AVE # 2002 83 DAYTONA BEACH SHORES 84 City 1 FL 85 Zip Code 32118
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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]* DATE: 3/17/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TOM LANGAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHNSON, EDWIN		1.2 NAME 3043 S. ATLANTIC AVE # 2002	
STREET ADDRESS 3043 S ATLANTIC AVENUE #404		1.3 STREET ADDRESS DAYTONA BEACH SHORES, FL 32118	
CITY-ST-ZIP DAYTONA BEACH SHORES FL		1.4 CITY-ST-ZIP	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORR, RHODA		2.2 NAME ANGIE NADORA	
STREET ADDRESS 3043 S ATLANTIC AVE #1504		2.3 STREET ADDRESS 3043 S. ATLANTIC AVE # 906	
CITY-ST-ZIP DAYTONA BEACH SHORES FL		2.4 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DENTON, VIRGINIA		3.2 NAME JIM BUSHEY	
STREET ADDRESS 3043 S ATLANTIC AVENUE #901		3.3 STREET ADDRESS 3043 S. ATLANTIC AVE #1506	
CITY-ST-ZIP DAYTONA BCH SHOR, F00000		3.4 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	
TITLE V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENZA, RAY		4.2 NAME CAROL RUSSO	
STREET ADDRESS 3043 S. ATLANTIC AVE UNIT #2204		4.3 STREET ADDRESS 3043 S. ATLANTIC AVE # 402	
CITY-ST-ZIP DAYTONA BEACH SHORES FL		4.4 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUNT, GARY		5.2 NAME NICHIE HENDRIX	
STREET ADDRESS 3043 S ATLANTIC AVE #1904		5.3 STREET ADDRESS 3043 S. ATLANTIC AVE # 402	
CITY-ST-ZIP DAYTONA BEACH SHORES FL		5.4 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME RON SCHOENAU	
STREET ADDRESS		6.3 STREET ADDRESS 3043 S. ATLANTIC AVE # 805	
CITY-ST-ZIP		6.4 CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118	

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: *[Signature]* DATE: 3/17/99 DAYTIME PHONE #: 904-761-4911

CR2E037 (1/198)