

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE OR ON BEHALF ABOVE: \$100 IF DISSOLVED. NUMBER AMOUNT DUE TO REINSTATE: \$200**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 732870 (1)**

1. Corporation Name  
**OCEANA ASSOCIATION, INC.**

**FILED**  
95 JUL -7 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
9920 S. OCEAN DR. HUTCHINSON ISLAND JENSEN BEACH FL 34957-2433  
9920 S. OCEAN DR. HUTCHINSON ISLAND JENSEN BEACH FL 34957-2433

3. Date Incorporated or Qualified <b>05/28/1975</b>	3a. Date of Last Report <b>02/17/1994</b>
4. FEI Number <b>59-1799874</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suits, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent  
**HALSEY, HARRIET  
9900 S OCEAN DR  
JENSEN BCH FL 34957**

10. Name and Address of New Registered Agent  
81 Name **WILLIAM B. Mc CLUSKEY**  
82 Street Address (P.O. Box Number is Not Acceptable) **1943 N.E. NIXIE AVE**  
83 **JENSEN BEACH**  
84 City **FL** 85 Zip Code **34957**

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 William B. McCluskey **WILLIAM B. McCLUSKEY - MANAGER** **7/3/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PO</b>	NAME <b>HALSEY, HARRIET</b>	1.1 TITLE <b>FD</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9900 S OCEAN DR</b>	CITY - ST - ZIP <b>JENSEN BCH, FL 00000</b>	1.2 NAME <b>WILLIAM BARTELS</b>	
		1.3 STREET ADDRESS <b>9900 S. OCEAN DR</b>	
		1.4 CITY - ST - ZIP <b>JENSEN BCH, FL</b>	
TITLE <b>TD</b>	NAME <b>O'BRIEN, PATRICK</b>	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9940 S OCEAN DR</b>	CITY - ST - ZIP <b>JENSEN BCH FL</b>	2.2 NAME <b>ROBERT McCAFFERTY</b>	
		2.3 STREET ADDRESS <b>9940 S. OCEAN DR</b>	
		2.4 CITY - ST - ZIP <b>JENSEN BCH, FL 34957</b>	
TITLE <b>SD</b>	NAME <b>BARTELS, WILLIAM</b>	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9900 S OCEAN DR</b>	CITY - ST - ZIP <b>JENSEN BCH, FL 00000</b>	3.2 NAME <b>ROY SMITH</b>	
		3.3 STREET ADDRESS <b>9900 S. OCEAN DR</b>	
		3.4 CITY - ST - ZIP <b>JENSEN BCH, FL</b>	
TITLE <b>VPD</b>	NAME <b>SMITH, ROY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9900 S. OCEAN DR.</b>	CITY - ST - ZIP <b>JENSEN BEACH, FL 00000</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	NAME <b>BORKOWSKI, STEPHEN</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9940 S OCEAN DR</b>	CITY - ST - ZIP <b>JENSEN BEACH FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY - ST - ZIP		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William Bartels **W.B.** **7/3/95** **(407) 235-0544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)