

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 732870 (1)

1. Corporation Name
OCEANA ASSOCIATION, INC.

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

| | |
|--|---|
| 3. Date Incorporated or Qualified 05/28/1975 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 4. FEI Number 59-1799874 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

KENNEY, KATHLEEN
1943 NE DIXIE HWY
JENSEN BEACH FL 34957

10. Name and Address of New Registered Agent

81 Name
Ellen Wright

82 Street Address (P.O. Box Number is Not Acceptable)
611 So. Federal Hwy. Suite C

83

84 City
Stuart, FL 85 Zip Code
34994

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 *Ellen Wright* **Ellen Wright** DATE **3/11/98**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BARTELS, WILLIAM | |
| STREET ADDRESS | 9900 S OCEAN DRIV | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HACK, FRANK | |
| STREET ADDRESS | 9940 S OCEAN DRIVE | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | SMITH, ROY | |
| STREET ADDRESS | 9900 S OCEAN DRIVE | |
| CITY-ST-ZIP | JENSEN BCH, FL 00000 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | SLATTERY, THOMAS | |
| STREET ADDRESS | 9900 S OCEAN DR | |
| CITY-ST-ZIP | JENSEN BEACH, FL 00000 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITE, MARGARET | |
| STREET ADDRESS | 9940 S OCEAN DR | |
| CITY-ST-ZIP | JENSEN BEACH FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | VPD |
| 5.3 STREET ADDRESS | Lon Davis |
| 5.4 CITY-ST-ZIP | 9940 S. Ocean Dr. |
| 5.5 CITY-ST-ZIP | Jensen Beach, FL 34952 |
| 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: *William Bartels* **William Bartels** President **24 March 98**

CP2E037 (10/97)