

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 740740

1. Corporation Name
OCEAN CAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	6550 No. Ocean Blvd. Suite, Apt. #, etc. Unit #2	26	6550 No. Ocean Blvd. Suite, Apt. #, etc. Unit #2	11/09/77	04/05/96
22	City & State Ocean Ridge, Florida	27	City & State Ocean Ridge, Florida	4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
24	Zip 33435	25	Country Palm Beach	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
29	Zip 33435	30	Country Palm Beach	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. 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				10. Name and Address of New Registered Agent			
Gail Adams Aaskov Management Services of the Palm Beaches 5011 No. Ocean Blvd. Ocean Ridge, FL 33435				81	Name John Meade		
				82	Street Address (P.O. Box Number is Not Acceptable) John Meade Management Company, Inc.		
				83	2964 San Remo Way		
				84	City Delray Beach	85	Zip Code FL 33445

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 John Meade, Resident Agent *JOHN MEADE* April 28, 1997
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	P/D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Thomas H. Maddux		1.2 NAME				
STREET ADDRESS	6550 No. Ocean Blvd.		1.3 STREET ADDRESS				
CITY-ST-ZIP	Ocean Ridge, FL 33435		1.4 CITY-ST-ZIP				
TITLE	VP/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Reinhard Reusse		2.2 NAME				
STREET ADDRESS	6550 No. Ocean Blvd.		2.3 STREET ADDRESS				
CITY-ST-ZIP	Ocean Ridge, FL 33435		2.4 CITY-ST-ZIP				
TITLE	S/T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Antony Lewis		3.2 NAME	Elaine P. Hutchison			
STREET ADDRESS	6550 No. Ocean Blvd.		3.3 STREET ADDRESS	6550 No. Ocean Blvd., #2			
CITY-ST-ZIP	Ocean Ridge, FL 33435		3.4 CITY-ST-ZIP	Ocean Ridge, FL 33435			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME	John Meade			
STREET ADDRESS			4.3 STREET ADDRESS	2964 San Remo Way			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Delray Beach, FL 33445			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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	000002190610			
STREET ADDRESS			6.3 STREET ADDRESS	-05/27/97--01003--041			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25			

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: Elaine P. Hutchison *Elaine P. Hutchison* April 28, 1997 (561) 272-0105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)