


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 21 6550 No. Ocean Blvd. Suite, Apt. #, etc. 22 Unit #2 City & State 23 Ocean Ridge, Florida Zip 24 33435		2a. Mailing Address 26 6550 No. Ocean Blvd. Suite, Apt. #, etc. 27 Unit #2 City & State 28 Ocean Ridge, Florida Zip 29 33435		3. Date Incorporated or Qualified 11/09/77 3a. Date of Last Report 04/05/96 4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 5. 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. 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 Gail Adams Aaskov Management Services of the Palm Beaches 5011 No. Ocean Blvd. Ocean Ridge, FL 33435			10. Name and Address of New Registered Agent 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 FL 85 Zip Code 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 DATE April 28, 1997 <small>Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE P/D <input type="checkbox"/> DELETE NAME Thomas H. Maddux STREET ADDRESS 6550 No. Ocean Blvd. CITY-ST-ZIP Ocean Ridge, FL 33435 TITLE VP/D <input type="checkbox"/> DELETE NAME Reinhard Reusse STREET ADDRESS 6550 No. Ocean Blvd. CITY-ST-ZIP Ocean Ridge, FL 33435 TITLE S/T <input checked="" type="checkbox"/> DELETE NAME Antony Lewis STREET ADDRESS 6550 No. Ocean Blvd. CITY-ST-ZIP Ocean Ridge, FL 33435 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME S 33 STREET ADDRESS Elaine P. Hutchison 34 CITY-ST-ZIP 6550 No. Ocean Blvd., #2 Ocean Ridge, FL 33435 41 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME T 43 STREET ADDRESS John Meade 44 CITY-ST-ZIP 2964 San Remo Way Delray Beach, FL 33445 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
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 DATE April 28, 1997 (561) 272-0105 <small>Signature, typed or printed name of signing officer or director Daytime Phone #</small> Elaine P. Hutchison, Secretary					

CR2E037 (9/96)