


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

21 **6550 No. Ocean Blvd.** 26 **6550 No. Ocean Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Unit #2** 27 **Unit #2**
 City & State City & State
 23 **Ocean Ridge, Florida** 28 **Ocean Ridge, Florida**
 Zip Country Zip Country
 24 **33435** 25 **Palm Beach** 29 **33435** 30 **Palm Beach**

3. Date Incorporated or Qualified **11/09/77** 3a. Date of Last Report **04/05/96**

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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** *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

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

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S Elaine P. Hutchison
3.3 STREET ADDRESS	6550 No. Ocean Blvd., #2
3.4 CITY-ST-ZIP	Ocean Ridge, FL 33435
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T John Meade
4.3 STREET ADDRESS	2964 San Remo Way
4.4 CITY-ST-ZIP	Delray Beach, FL 33445
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	000002190610
6.3 STREET ADDRESS	-05/27/97--01003--041
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, Secretary** **April 28, 1997** (561) 272-0105
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/96)