

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 744413 (6)
1. Corporation Name

300 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1 TURTLE BEACH ROAD VERO BEACH FL 32963**
Mailing Address: **1 TURTLE BEACH ROAD VERO BEACH FL 32963**

3. Date Incorporated or Qualified: **09/27/1978**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-2027425**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22** / **27**

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

City & State: **23** / **28**

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

Zip: **24** / Country: **25** / Zip: **29** / Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROSE, MICHAEL L.
1 TURTLE BEACH ROAD
VERO BEACH FL 32963**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSE, MICHAEL L	
STREET ADDRESS	1 TURTLE BEACH ROAD	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	VPTD	<input type="checkbox"/> DELETE
NAME	THIELE, KENNETH	
STREET ADDRESS	300 OCEAN RD APT 2E	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAMBIN, J. HOWARD	
STREET ADDRESS	300 OCEAN RD APT 1E	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HORSBURGH, KEITH	
STREET ADDRESS	300 OCEAN RD APT 3F	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, WILLIAM	
STREET ADDRESS	300 OCEAN RD APT 3E	
CITY - ST - ZIP	VERO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DOROTHY	
STREET ADDRESS	300 OCEAN RD APT 2F	
CITY - ST - ZIP	VERO BEACH FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AS
3.3 STREET ADDRESS	Barker, John E.
3.4 CITY - ST - ZIP	1 Turtle Beach Road Vero Beach, FL 32963
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 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	
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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ **Michael L. Rose** **April 16, 1996** **407-231-1666**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)