

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 24 AM 8:34  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 746292 (2)**

1. Corporation Name  
**OCEAN ROAD POOL ASSOCIATION, INC.**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/19/1979</b>	3a. Date of Last Report <b>04/21/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent  
**ROSE, MICHAEL  
1 TURTLE BEACH ROAD  
INDIAN RIVER SHORES FL**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>
NAME	<b>ROSE, MICHAEL</b>
STREET ADDRESS	<b>7100 N A1A</b>
CITY-ST-ZIP	<b>VERO BEACH, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>BARNARD, DOUGLAS</b>
STREET ADDRESS	<b>200 OCEAN RD APT 1A</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>ROSS, RICHARD M.</b>
STREET ADDRESS	<b>#A-150 OCEAN ROAD</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>
TITLE	<b>D</b>
NAME	<b>SMITH, WILLIAM E.</b>
STREET ADDRESS	<b>#3F 300 OCEAN RD</b>
CITY-ST-ZIP	<b>INDIAN RV SHRS, FL 00000</b>
TITLE	<b>DT</b>
NAME	<b>SCRIVENER, R C</b>
STREET ADDRESS	<b>APT 2D 250 OCEAN RD</b>
CITY-ST-ZIP	<b>INDIAN RV SHRS, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rose, Michael L.</b>
1.3 STREET ADDRESS	<b>1 Turtle Beach Road</b>
1.4 CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>
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 checked="" type="checkbox"/> Addition
3.2 NAME	<b>AS Barker, John E.</b>
3.3 STREET ADDRESS	<b>1 Turtle Beach Road</b>
3.4 CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>
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 checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Bartlett, Ralph T.</b>
6.3 STREET ADDRESS	<b>100 Ocean Road, Apt. 206</b>
6.4 CITY-ST-ZIP	<b>Vero Beach, FL 32963</b>

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 017, 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      Date: 4/17/95      Telephone #: 407-231-1666  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR