


FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90050 044 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 746292

1. Corporation Name
OCEAN ROAD POOL ASSOCIATION, INC.

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| Principal Place of Business 1 TURTLE BEACH ROAD VERO BEACH FL 32963 | Mailing Address 1 TURTLE BEACH ROAD VERO BEACH FL 32963 |
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|--------------------------------|-------------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 03/19/1979 |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 4. FEI Number NOT APPLICABLE |
| 22. City & State | 27. City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23. Zip | 28. Zip | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24. Country | 29. Country | 30. Trust Fund Contribution |

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| 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 85. Zip Code FL |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NONE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROSE, MICHAEL | 1.2 NAME | |
| STREET ADDRESS | 1 TURTLE BEACH ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROPHY, VIRGINIA W. | 2.2 NAME | |
| STREET ADDRESS | 200 OCEAN ROAD, 3-B | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL 32963 | 2.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARKER, JOHN E | 3.2 NAME | |
| STREET ADDRESS | 1 TURTLE BEACH ROAD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, WILLIAM E. | 4.2 NAME | |
| STREET ADDRESS | #3E 300 OCEAN RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | INDIAN RV SHRS. FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SCRIVENER, R C | 5.2 NAME | LESHE, ROBERT J. |
| STREET ADDRESS | APT 2D 250 OCEAN RD | 5.3 STREET ADDRESS | APT.#1C-250 OCEAN ROAD |
| CITY-ST-ZIP | INDIAN RV SHRS. FL 00000 | 5.4 CITY-ST-ZIP | VERO BEACH, FLA. 32963 |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BUNSTON, KENNETH | 6.2 NAME | |
| STREET ADDRESS | 100 OCEAN ROAD, #204 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | VERO BEACH FL | 6.4 CITY-ST-ZIP | |

14. I 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, with all other like empowered

SIGNATURE: SIGNATURE REQUIRED Michael Rose April 23, 1999 (561)231-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)