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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90017 044 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 750231**

1. Corporation Name

**OCEAN RESIDENCE NORTH HOMEOWNERS' ASSOCIATION, I  
 NC.**

Principal Place of Business  
 257 OCEAN RESIDENCE CT  
 SATELLITE BEACH FL 32937-2070  
 US

Mailing Address  
 257 OCEAN RESIDENCE CT  
 SATELLITE BEACH FL 32937-2070  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/14/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0243516	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

**MORS, KELLY**  
 257 OCEAN RESIDENCE CT  
 SATELLITE BEACH FL 32937

Name  
 Incorrect

10. Name and Address of New Registered Agent

81 Name **Moes, Kelly**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 **257 Ocean Residence Court**  
 84 City **Satellite Beach** FL 85 Zip Code **32937**

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 **Kelly Moes** **Kelly Moes** **Treasurer** **1/6/1999**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEMPS, SCOTT</b>	1.2 NAME	
STREET ADDRESS	<b>255 OCEAN RESIDENCE CT</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BEACH FL</b>	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOES, DON</b>	2.2 NAME	
STREET ADDRESS	<b>257 OCEAN RESIDENCE CT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BCH FL 32937</b>	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICODEMUS, CARL</b>	3.2 NAME	
STREET ADDRESS	<b>261 OCEAN RESIDENCE CT</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BEACH FL 32937</b>	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOES, KELLY</b>	4.2 NAME	
STREET ADDRESS	<b>257 OCEAN RESIDENCE CT</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SATELLITE BCH FL 32937</b>	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: **Kelly Moes** **Kelly Moes** **Treasurer** **1/6/1999** **(407) 867-3922**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)