FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:40

DOCUMENT # 751745 (1)

1. Corporation Name
89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
89 SOUTH ATLANTIC AVENUE ORMOND BEACH FL 32176	89 SOUTH ATLANTIC AVENUE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/26/1980
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2129737 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ROSE, JAMES
125 N. RIDGEWOOD AVE.
DAYTONA BEACH FL 32015

10. Name and Address of New Registered Agent

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 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	SD	☒ Change ☐ Addition
NAME	TULBERT, JANICE	1.2 NAME	JENSEN, MARTHA JEAN	
STREET ADDRESS	89 S ATLANTIC AVE #1406	1.3 STREET ADDRESS	89 S. ATLANTIC AVE. #201	
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, ETHEL	2.2 NAME		
STREET ADDRESS	89 S ATLANTIC AVE #506	2.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	LOEPP, LEONARD, A	3.2 NAME	LOPEZ, JULIAN	
STREET ADDRESS	89 S ATLANTIC AVE	3.3 STREET ADDRESS	89 S. ATLANTIC AVE.#1701	
CITY-ST-ZIP	ORMOND BCH, FL 00000	3.4 CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROGERS, LUKE P	4.2 NAME	WIND, M. MICHAEL	
STREET ADDRESS	89 S. ATLANTIC AVE.	4.3 STREET ADDRESS	89 S. ATLANTIC AVE. #302	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VD	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	LOPEZ, JULIAN	5.2 NAME	LORENZO, ANTHONY	
STREET ADDRESS	89 S ATLANTIC AVE	5.3 STREET ADDRESS	89 S. ATLANTIC AVE. #1505	
CITY-ST-ZIP	ORMOND BCH, FL 00000	5.4 CITY-ST-ZIP	ORMOND BEACH FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Julian C Lopez 1/20/95 904-672-5333
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

JULIAN C. LOPEZ

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