

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 # 758524 (3)
1. Corporation Name

OCEANS WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 2990 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6002
Mailing Address: 2990 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6002

3. Date Incorporated or Qualified: 05/27/1981
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2160309
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
TUMBLESON, J DOYLE
150 S.PALMETTO AVE.
DAYTONA BCH FL 32014

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 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 signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: HENDERSON, R DON
STREET ADDRESS: 1532 NORTH BEACH ST.
CITY-ST-ZIP: ORMOND BCH, FL 00000
[] DELETE

TITLE: VTD
NAME: UANINO, ANTHONY
STREET ADDRESS: 922 LEMON RD.
CITY-ST-ZIP: S. DAYTONA FL
[] DELETE

TITLE: SD
NAME: JENSEN, ALFRED
STREET ADDRESS: 2970 SOUTH ATLANTIC AVE.
CITY-ST-ZIP: DAYTONA BEACH SHORES FL
[] DELETE

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

TITLE: [] DELETE
NAME: []
STREET ADDRESS: []
CITY-ST-ZIP: []

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] 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: Anthony Cannon VP Date: 9/26/96 Day/Time Phone #: 904-761-9600

CR2E037 (12/95)