


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
2990 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6002

3. Date Incorporated or Qualified
05/27/1981
4. FEI Number
59-2160309
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2 Oceans West Blvd 26 2 Oceans West Blvd
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Daytona Beach Shores FL 28 Daytona Beach Shores FL
Zip Country Zip Country
24 32118 25 Volusia 29 32118 30 Volusia

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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
Douglas A. Daniels
82 Street Address (P.O. Box Number is Not Acceptable)
523 north Halifax Ave
83 City
Daytona Beach Fl 32118
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0802 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 *[Signature]* - Douglas A. Daniels DATE 6-18-98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POULOS, PETE	
STREET ADDRESS	2277 ST DEVEILLE, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VTD	<input checked="" type="checkbox"/> DELETE
NAME	UANINO, ANTHONY	
STREET ADDRESS	922 LEMON RD.	
CITY-ST-ZIP	S. DAYTONA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BEAVER, TODD	
STREET ADDRESS	3 OCEANS WEST BLVD. STE 7C4	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	ASD	<input checked="" type="checkbox"/> DELETE
NAME	HELM, KEITH	
STREET ADDRESS	4 OCEANS WEST BLVD. STE 802 C	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANY, CHARLES	
STREET ADDRESS	3 OCEANS WEST BLVD. STE 5A1	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LIMAURO, HARRY	
STREET ADDRESS	ONE OCEANS WEST BLVD. STE 04A2	
CITY-ST-ZIP	DAYTONA BCH SHORES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	Roland Gerstenberger	
1.4 CITY-ST-ZIP	4 Oceans West Blvd	
2.1 TITLE	Daytona Beach Shores Fl 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President	
2.3 STREET ADDRESS	Vince Vinci	
2.4 CITY-ST-ZIP	3 Oceans West Blvd	
3.1 TITLE	Daytona Beach Fl 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Treasurer D	
3.3 STREET ADDRESS	John Rodeheaver	
3.4 CITY-ST-ZIP	4 Oceans West Blvd	
4.1 TITLE	Daytona Beach Shores Fl 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	secretary D	
4.3 STREET ADDRESS	Ethel Clark	
4.4 CITY-ST-ZIP	3 Oceans West Blvd	
5.1 TITLE	Daytona Beach Shores Fl 32118	<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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *[Signature]*

CR2E037 (10/97)