

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
FILED

95 MAR -2 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **762055** (2)
1. Corporation Name
OCEAN WINDS ASSOCIATION, INC.

Principal Place of Business Mailing Address
**4125 OCEAN BEACH BLVD.
SUITE 11
COCOA BEACH FL 32931
US** **4125 OCEAN BEACH BLVD.
COCOA BEACH FL 32931**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/23/1982** 3a. Date of Last Report **03/01/1994**

4. FEI Number **59-2760691** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**HOLDSWORTH, ROBERT J.
4125 OCEAN BEACH BLVD #10
COCOA BEACH FL 32931**

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 *Robert J. Holdsworth* DATE *2-27-95*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE	DV
NAME	SAATHOFF, WILLIAM
STREET ADDRESS	4125 OCEAN BCH BLVD #6
CITY - ST - ZIP	COCOA BCH, FL 00000
TITLE	DP
NAME	PARKER, CLYDE
STREET ADDRESS	4125 OCEAN BCH BLVD #2
CITY - ST - ZIP	COCOA BCH, FL 00000
TITLE	TD
NAME	HOLDSWORTH, ROBERT J.
STREET ADDRESS	4125 OCEAN BCH BLVD #10
CITY - ST - ZIP	COCOA BCH, FL 00000
TITLE	SD
NAME	KENDRICK, SYLVIA
STREET ADDRESS	4125 OCEAN BCH BLVD. #7
CITY - ST - ZIP	COCOA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY JEANNETTE GILLETE
4.3 STREET ADDRESS	4125 OCEAN BEACH BLVD #9
4.4 CITY - ST - ZIP	COCOA BEACH, FL.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TREASURER JOAN BEAUMONT
5.3 STREET ADDRESS	4125 OCEAN BEACH BLVD #4
5.4 CITY - ST - ZIP	COCOA BEACH, FL.
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *Robert J. Holdsworth* *Robert J. Holdsworth* 2/24/95 407-754-1392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR