

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 # **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. #11 COCOA BEACH FL 32931

3. Date Incorporated or Qualified **02/23/1982** 3a. Date of Last Report **03/02/1995**
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

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 **Martin, Susan E.**
82 Street Address (P.O. Box Number is Not Acceptable) **4125 Ocean Beach Blvd. #2**
83 **Cocoa Beach**
84 City **FL** 85 Zip Code **32931**

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 *Susan E. Martin, Treasurer* DATE **29 Jan 94**
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	DV SAATHOFF, WILLIAM 4125 OCEAN BCH BLVD #6 COCOA BCH, FL 00000	1.1 TITLE	D/P Sylvia Kendrick <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	4125 Ocean Beach Blvd. #7
STREET ADDRESS		1.3 STREET ADDRESS	Cocoa Beach, FL 32931
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DP PARKER, CLYDE 4125 OCEAN BCH BLVD #2 COCOA BCH, FL 00000	2.1 TITLE	D/T Susan E. Martin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	4125 Ocean Beach Blvd. #2
STREET ADDRESS		2.3 STREET ADDRESS	Cocoa Beach, FL 32931
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD HOLDSWORTH, ROBERT J. 4125 OCEAN BCH BLVD #10 COCOA BCH, FL 00000	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S GILLETE, JEANETTE 4125 OCEAN BEACH BLVD #8 COCOA BEACH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AT BEAUMONT, JOAN 4125 OCEAN BEACH BLVD #4 COCOA BEACH FL	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	
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 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: *Susan E. Martin* (SUSAN E. MARTIN) DATE **29 Jan 96** 494-4231
Signature and typed or printed name of signing officer or director. Daytime Phone #

CR2E037 (12/95)