

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 4125 OCEAN BEACH BLVD, SUITE 11, COCOA BEACH FL 32931 US
Mailing Address: 4125 OCEAN BEACH BLVD, COCOA BEACH FL 32931-3502

3. Date Incorporated or Qualified: 02/23/1982
3a. Date of Last Report: 04/29/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2760691
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

9. Name and Address of Current Registered Agent: MARTIN SUSAN E, 4125 OCEAN BCH BLVD. 2, COCOA BCH FL 32931

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SAATHOFF, WILLIAM	
STREET ADDRESS	4125 OCEAN BCH BLVD 7	
CITY-ST-ZIP	COCOA BCH, FL 00000	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SUSAN E MARTIN	
STREET ADDRESS	4125 OCEAN BCH BLVD. 2	
CITY-ST-ZIP	COCOA BCH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GILLETE, JEANETTE	
STREET ADDRESS	4125 OCEAN BEACH BLVD #8	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BEAUMONT, JOAN	
STREET ADDRESS	4125 OCEAN BEACH BLVD #4	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sylvia Kendrick	
1.3 STREET ADDRESS	21 Crystal River Drive	
1.4 CITY-ST-ZIP	Cocoa Beach FL 32931	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	William Saathoff	
5.3 STREET ADDRESS	4125 Ocean Beach Blvd #7	
5.4 CITY-ST-ZIP	Cocoa Beach FL 32931	
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 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.

CR2E037 (9/96)