


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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	
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	24	30
		25	

3. Date Incorporated or Qualified  
**02/23/1982**

4. FEI Number  
**59-2760691**

Applied For	Not Applicable
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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

**MARTIN SUSAN E**  
**4125 OCEAN BCH BLVD. 2**  
**COCOA BCH 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 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	DP	<input checked="" type="checkbox"/> DELETE
NAME	KENDRICK, SYLVIA	
STREET ADDRESS	21 CRYSTAL RIVER DR	
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 checked="" type="checkbox"/> DELETE
NAME	BEAUMONT, JOAN	
STREET ADDRESS	4125 OCEAN BEACH BLVD #4	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SAATHOFF, WILLIAM	
STREET ADDRESS	4125 OCEAN BCH BLVD #7	
CITY-ST-ZIP	COCOA BCH FL	
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	Joan Beaumont	
1.3 STREET ADDRESS	4125 Ocean Beach Blvd. #4	
1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
2.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sharon Giannone	
4.3 STREET ADDRESS	4125 Ocean Beach Blvd. #1	
4.4 CITY-ST-ZIP	Cocoa Beach, FL 32931	
5.1 TITLE	Same	<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: *Susan E. Martin* Susan E. Martin, Treasurer 17 Feb 1998 (407)494-4231

CR2E037 (10/97)