


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90064 042 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762055**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/23/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2760691
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BEAUMONT, JOAN	
STREET ADDRESS	4125 OCEAN BEACH BLVD # 4	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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	GIANNONE, SHARON	
STREET ADDRESS	4125 OCEAN BEACH BLVD #1	
CITY-ST-ZIP	COCOA BEACH FL 32931	
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	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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, with all other like empowered.

SIGNATURE: Susan E Martin **SUSAN E MARTIN** 3/22/99 407-494-423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (11/98)