

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765655 (6)
 1. Corporation Name

OCEAN COVE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
 141 OCEAN COVE DRIVE JUPITER FL 33477
 141 OCEAN COVE DRIVE JUPITER FL 33477

3. Date Incorporated or Qualified 11/03/1982
 3a. Date of Last Report 06/16/1995

2. Principal Place of Business 21 150 OCEAN COVE DR
 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25
 2a. Mailing Address 26 150 OCEAN COVE DR
 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

4. FEI Number 59-2344834
 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HILLEY, V. DONALD
 PROSPERITY GARDENS, SUITE 204
 11380 PROSPERITY FARMS RD.
 PALM BEACH GARDENS FL 33410

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	129 OCEAN COVE DR.	
CITY - ST - ZIP	JUPITER FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	ARNDT, BEV	
STREET ADDRESS	102 OCEAN COVE DR	
CITY - ST - ZIP	JUPITER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BURKLE	
STREET ADDRESS	141 OCEAN COVE DR	
CITY - ST - ZIP	JUPITER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GERVASIO, GINNY	
STREET ADDRESS	133 OCEAN COVE DRIVE	
CITY - ST - ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD ROBER KELLY
2.3 STREET ADDRESS	119 OCEAN COVE DR
2.4 CITY - ST - ZIP	JUPITER FL
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD EDWARD D ARNDT
3.3 STREET ADDRESS	102 OCEAN COVE DR
3.4 CITY - ST - ZIP	JUPITER FL
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 checked="" type="checkbox"/> Addition
5.2 NAME	D ELIZABETH LYNCH
5.3 STREET ADDRESS	130 OCEAN COVE DR
5.4 CITY - ST - ZIP	JUPITER 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 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: *John R. Smith* 6/29/96 407 747 7162
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)