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Mar 03 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 # 765655 (6)
1. Corporation Name
OCEAN COVE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
150 OCEAN COVE DR JUPITER FL 33477 US
150 KOCEAN COVE DR JUPITER FL 33477 US

3. Date Incorporated or Qualified 11/03/1982
3a. Date of Last Report 06/26/1996

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 City & State 27 City & State
24 Zip 25 Country 28 Zip 29 Country 30 Country
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
HILLEY, V. DONALD
PROSPERITY GARDENS, SUITE 204
11380 PROSPERITY FARMS RD.
PALM BEACH GARDENS FL 33410
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SMITH, JOHN	1.2 NAME	
STREET ADDRESS	129 OCEAN COVE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	KELLY, ROGER	2.2 NAME	
STREET ADDRESS	119 OCEAN COVE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	ARNDT, EDWARD D	3.2 NAME	
STREET ADDRESS	102 OCEAN COVE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	GERVASIO, GINNY	4.2 NAME	
STREET ADDRESS	133 OCEAN COVE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LYNCH, ELIZABETH	5.2 NAME	
STREET ADDRESS	130 OCEAN COVE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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: EDWARD D ARNDT 2/24/97 561 747-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079042

CR2E037 (9/96)