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Mar 16, 1999 8:00 am
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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 765655

1. Corporation Name

OCEAN COVE HOME OWNERS' ASSOCIATION, INC.

Principal Place of Business

150 OCEAN COVE DR
 JUPITER FL 33477
 US

Mailing Address

150 KOCEAN COVE DR
 JUPITER FL 33477
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 150 Ocean Cove Drive
 Suite, Apt. #, etc.

27 City & State

28 Jupiter, Florida

29 Zip 30 Country

33477 US

3. Date Incorporated or Qualified

11/03/1982

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

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 David Roach, President
 82 Street Address (P.O. Box Number is Not Acceptable) 150 Ocean Cove Drive
 83 Jupiter, FL
 84 City FL 85 Zip Code 33477

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

[Handwritten 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

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	129 OCEAN COVE DR.	
CITY-ST-ZIP	JUPITER FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLY, ROGER	
STREET ADDRESS	119 OCEAN COVE DR	
CITY-ST-ZIP	JUPITER FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARNDT, EDWARD D	
STREET ADDRESS	102 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	D	<input type="checkbox"/> DELETE
NAME	LYNCH, ELIZABETH	
STREET ADDRESS	130 OCEAN COVE DR	
CITY-ST-ZIP	JUPITER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	David Roach	
1.3 STREET ADDRESS	117 Ocean Cove Drive	
1.4 CITY-ST-ZIP	Jupiter, FL 33477	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Edward D. Arndt	
2.3 STREET ADDRESS	102 Ocean Cove Drive	
2.4 CITY-ST-ZIP	Jupiter, FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Elizabeth J. Lynch	
3.3 STREET ADDRESS	130 Ocean Cove Drive	
3.4 CITY-ST-ZIP	Jupiter, FL	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mark Conboy	
4.3 STREET ADDRESS	142 Ocean Cove Drive	
4.4 CITY-ST-ZIP	Jupiter, FL 33477	
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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-24-99 561-833-7517

CR2E037 (11/98)