

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **790996** (3)  
1. Corporation Name  
**SECOND OCEAN CLUB HOUSING ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**4410 NORTH A1A VERO BEACH FL 32963** **4410 NORTH A1A VERO BEACH FL 32963**

3. Date Incorporated or Qualified **02/03/1970** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **59-1318433** 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

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

9. Name and Address of Current Registered Agent  
**FORTE, LORRAINE H  
C/O ADVANTAGE PROPERTY MANAGEMENT  
1274 NE BUSINESS PARK PLACE  
JENSEN BEACH FL 34957**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MEYER, JOETTA	
STREET ADDRESS	1000 WINDERLEY PLACE #132	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FIONDELLA, EDWARD	
STREET ADDRESS	31 GLENDALE DRIVE	
CITY-ST-ZIP	BRISTOL CT	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MORRIS, ROBERT	
STREET ADDRESS	4897 LAKE FJORD PASS	
CITY-ST-ZIP	MARIETTA GA 30067	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORSE, STEWART	
STREET ADDRESS	906 RIDLEY CREEK DR.	
CITY-ST-ZIP	MEDIA PA 19063	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STEDRONSKY, BARBARA	
STREET ADDRESS	623 SELKIRK DR.	
CITY-ST-ZIP	WINTERPARK FL 32792	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEGGLES, JOHN	
STREET ADDRESS	630 INDIAN HARBOR DR	
CITY-ST-ZIP	VERO BEACH FL 32963	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Jerry Roth	
13 STREET ADDRESS	PO Box 424	
14 CITY-ST-ZIP	Raymond, Me 04071-424	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Harry Sawyer, Jr	
23 STREET ADDRESS	PO Box 32092	
24 CITY-ST-ZIP	Lakeland, FL 33802	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Stewart W. Morse Jr.* 02/13/96 (407) 231-0660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)