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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 790996 (3)
1. Corporation Name
SECOND OCEAN CLUB HOUSING ASSOCIATION, INC.



Principal Place of Business 4410 NORTH A1A VERO BEACH FL 32963	Mailing Address 4410 NORTH A1A VERO BEACH FL 32963-5404
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3. Date Incorporated or Qualified 02/03/1970	3a. Date of Last Report 02/16/1996
4. FEI Number 59-1318433	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 _____
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 D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEYER, JOETTA		1.2 NAME SAWYER, HARRY	
STREET ADDRESS 1000 WINDERLEY PLACE #132		1.3 STREET ADDRESS P.O. Box 32092	N/A
CITY-ST-ZIP MAITLAND FL 32751		1.4 CITY-ST-ZIP LAKELAND, FL. 33802	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FIONDELLA, EDWARD		2.2 NAME Joetta Meyer	
STREET ADDRESS 31 GLENDALE DRIVE		2.3 STREET ADDRESS 526 Coleman Dr. W.	
CITY-ST-ZIP BRISTOL CT		2.4 CITY-ST-ZIP Winter Haven, FL 33884	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DT	<input type="checkbox"/> DELETE	3.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORRIS, ROBERT		3.2 NAME Robert Morris	
STREET ADDRESS 4897 LAKE FJORD PASS		3.3 STREET ADDRESS 1810 NW 23rd Blvd #128	
CITY-ST-ZIP MARIETTA GA 30067		3.4 CITY-ST-ZIP Gainesville, FL 32605	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME MORSE, STEWART		4.2 NAME	
STREET ADDRESS 906 RIDLEY CREEK DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP MEDIA PA 19063		4.4 CITY-ST-ZIP	
TITLE DS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEDRONSKY, BARBARA		5.2 NAME	
STREET ADDRESS 623 SELKIRK DR.		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER PARK FL 32792		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTH, JERRY		6.2 NAME	
STREET ADDRESS P.O. BOX 424 NA	N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP RAYMOND ME		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: **x Stewart W. Morse Jr** **STEWART W. MORSE JR** **02/24/97 (561) 231-1741**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0020810**

CR2E037 (9/96)