

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/03/1970		4. FEI Number 59-1318433	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 85 Zip Code FL	
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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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEYER, JOETTA	1.2 NAME	D. DEAN LUDWIG
STREET ADDRESS	528 COLEMAN DR W	1.3 STREET ADDRESS	4989 DINGMAN SCHOOL ROAD
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	EAST TOWN, MI. 49727
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	HARRY J. JAMES <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIONDELLA, EDWARD	2.2 NAME	LAKELAND, FL
STREET ADDRESS	31 GLENDALE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRISTOL CT	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT	3.2 NAME	
STREET ADDRESS	1810 NW 23RD BLVD #128	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	WINTERPARK FL 32792	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, JERRY	6.2 NAME	
STREET ADDRESS	P O BOX 424 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	RAYMOND ME	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

SIGNATURE: *Stewart W. Morse* 01/28/98 (561) 231-1241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020739

CR2E037 (10/97)