


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90048 004 \*\*\*\*61.25

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

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

|  |  |
|--|--|
| Principal Place of Business<br>4410 NORTH A1A<br>VERO BEACH FL 32963 | Mailing Address<br>4410 NORTH A1A<br>VERO BEACH FL 32963 |
|--|--|



|                                |                        |  |
|--------------------------------|------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br>02/03/1970  |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 4. FEI Number<br>59-1318433  |
| 22 City & State                | 27 City & State        | Applied For<br>Not Applicable  |
| 23 Zip                         | 28 Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 24 Country                     | 29 Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|   |   |
|---|---|
| 9. Name and Address of Current Registered Agent<br>FORTE, LORRAINE H<br>C/O ADVANTAGE PROPERTY MANAGEMENT<br>1274 NE BUSINESS PARK PLACE<br>JENSEN BEACH FL 34957 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LUDWIG, DEAN                       | 1.2 NAME  |   |
| STREET ADDRESS             | 4987 DINGMAN SCHOOL RD             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | EAST JORDAN MI 49727               | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FIONDELLA, EDWARD                  | 2.2 NAME  |   |
| 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, with all other like empowered.

SIGNATURE: Stas... **REQUIRED** 02/09/99 12051500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)