

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -6 PM 12:01

DOCUMENT # **N02163 (6)**
1. Corporation Name
THE OCEAN VIEW MANOR MANAGEMENT CORPORATION, INC

Principal Place of Business Mailing Address
3600 S. OCEAN SHORE BLVD. FLGLER BEACH FL 32136-4156 **3600 S. OCEAN SHORE BLVD. FLGLER BEACH FL 32136-4156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/23/1984** 3a. Date of Last Report **04/07/1994**
4. FEI Number **59-2611712** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
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. 23 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
BUCK, JEANIE
3600 S. OCEAN SHORE BLVD.
FLGLER BEACH FL 32036

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jeanie Buck, Manager Jeanie Buck 1-23-95
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	PD
NAME	WHELCHER, DONALD
STREET ADDRESS	3600 S OCEAN SHORE
CITY - ST - ZIP	FLGLER BEACH FL
TITLE	VPD
NAME	O'DONOGHUE, LES
STREET ADDRESS	3600 S OCEAN SHORE
CITY - ST - ZIP	FLGLER BEACH FL
TITLE	SD
NAME	BARRETT, PEGGIE
STREET ADDRESS	3600 S OCEAN SHORE
CITY - ST - ZIP	FLGLER BEACH FL
TITLE	TD
NAME	SHANNON, TODDY
STREET ADDRESS	3600 S OCEAN SHORE
CITY - ST - ZIP	FLGLER BEACH FL
TITLE	D
NAME	O'CONNELL, FRED
STREET ADDRESS	3600 S OCEAN SHORE
CITY - ST - ZIP	FLGLER BEACH FL
TITLE	D
NAME	KAREL, LUKSA
STREET ADDRESS	3600 S. OCEAN SHORE
CITY - ST - ZIP	FLGLER BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VPD Peter Gibbons
2.3 STREET ADDRESS	3600 S. Ocean Shore
2.4 CITY - ST - ZIP	Flagler Beach, FL 32136
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggie Barrett Peggie Barrett 1/31/95 904-439-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Area Phone #)