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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



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

3. Date Incorporated or Qualified: 03/23/1984
4. FEI Number: 59-2611712
Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields for Suite, City, State, Zip, and Country.

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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 (81-84) fields for Name, Street Address, City, State (FL), and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE: PD	PETER GIBBONS	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3600 S OCEAN SHORE		
CITY-ST-ZIP: FLGLER BEACH FL		
TITLE: VPD	TODDY SHANNON	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3600 S OVEAN SHORE		
CITY-ST-ZIP: FLGLER BEACH FL		
TITLE: TD	FRED O'CONNELL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3600 S OCEAN SHORE		
CITY-ST-ZIP: FLGLER BEACH FL		
TITLE: TD	SHANNON, TODDY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3600 S OCEAN SHORE		
CITY-ST-ZIP: FLGLER BEACH FL		
TITLE: D	O'CONNELL, FRED	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS: 3600 S OCEAN SHORE		
CITY-ST-ZIP: FLGLER BEACH FL		
TITLE: D	FRANK GUETERMAN	<input type="checkbox"/> DELETE
STREET ADDRESS: 3600 S. OCEAN SHORE		
CITY-ST-ZIP: FLGLER BEACH FL		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE: PD	Don Deal JR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: 1560 Lambert av.		
1.3 STREET ADDRESS: Flagler Beach Fl 32136		
1.4 CITY-ST-ZIP:		
2.1 TITLE: VPD	Sue Lauter	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: 3600 S. Ocean Shore		
2.3 STREET ADDRESS: Flagler Beach, Fl 32136		
2.4 CITY-ST-ZIP:		
3.1 TITLE: TD	Jo Campbell	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: 3600 S Ocean Shore		
3.3 STREET ADDRESS: Flagler Beach, Fl 32136		
3.4 CITY-ST-ZIP:		
4.1 TITLE: SD	Tom Cook	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: 3600 S. Ocean Shore		
4.3 STREET ADDRESS: Flagler Beach, Fl 32136		
4.4 CITY-ST-ZIP:		
5.1 TITLE: D	Marvin Parsons	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: 3600 S. Ocean Shore		
5.3 STREET ADDRESS: Flagler Beach, Fl 32136		
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: SUE LAUTER *Sue Lauter* 2-7-98 904-439-5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)