


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90096 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02163

1. Corporation Name

THE OCEAN VIEW MANOR MANAGEMENT CORPORATION, INC

9 6 2 7 7
 96277 - 90096 - 35

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/23/1984
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2611712
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BUCK, JEANIE 3600 S. OCEAN SHORE BLVD. FLGLER BEACH FL 32036		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, DON JR	1.2 NAME	
STREET ADDRESS	1580 LAMBERT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAUTER, SUE	2.2 NAME	
STREET ADDRESS	3600 S OVEAN SHORE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JO	3.2 NAME	
STREET ADDRESS	3600 S OCEAN SHORE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, TOM	4.2 NAME	
STREET ADDRESS	3600 S OCEAN SHORE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARSONS, MARVIN	5.2 NAME	
STREET ADDRESS	3600 S OCEAN SHORE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLGLER BEACH FL 32136	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ernst Gueterman	6.2 NAME	D
STREET ADDRESS	3600 S. OCEAN SHORE	6.3 STREET ADDRESS	3600 S Ocean Shore
CITY-ST-ZIP	FLGLER BEACH FL	6.4 CITY-ST-ZIP	Flagler Beach, FL 32136

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: Sue Lauter 1-5-99 904-439-4938
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)