


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2004 8:00 am**  
**Secretary of State**

02-11-2004 90030 046 \*\*\*\*61.25

**DOCUMENT # N02163**

1. Entity Name  
**THE OCEAN VIEW MANOR MANAGEMENT CORPORATION, INC.**



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

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2611712**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

**6. Name and Address of Current Registered Agent**  
**BUCK, JEANIE**  
**3600 S. OCEAN SHORE BLVD.**  
**FLAGLER BEACH FL 32036**

**7. Name and Address of New Registered Agent**  
 Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Jeanie Buck      Jeanie Buck      2-4-04  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	DIGIJA, DICK	
STREET ADDRESS	3600 S OCEAN SHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUTER, SUE	
STREET ADDRESS	3600 S. OCEAN SHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, JO	
STREET ADDRESS	3600 S. OCEAN SHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	COOK, TOM	
STREET ADDRESS	3600 S. OCEAN SHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELGADO, CARMEN D	
STREET ADDRESS	3600 S. OCEAN SHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAUCH, ED	
STREET ADDRESS	3600 S. OCEAN SHORE BLVD.	
CITY-ST-ZIP	FLAGLER BEACH FL 32136	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Danny Elder #311	
STREET ADDRESS	3600 S. Ocean Shore	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Kooyman	
STREET ADDRESS	3600 S. Ocean Shore #619	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Lyles	
STREET ADDRESS	3600 S. Ocean Shore #314	
CITY-ST-ZIP	Flagler Beach, FL 32136	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edmond H. Lamm  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #