

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
 AMOUNT DUE ON OR BEFORE 8/9/95: \$100 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

APPROVED
 AND
 FILED

95 JUL -6 AM 8:36

NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1995



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

DOCUMENT # **N09026 (8)**
 Corporation Name
OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 % MARCUS M CORNELIUS
 7475 A1A SOUTH #103
 CRESCENT BCH. FL 32086
 % MARCUS M CORNELIUS
 7475 A1A SOUTH #103
 CRESCENT BCH. FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/02/1985** 3a. Date of Last Report **04/05/1994**
 4. FEI Number **59-2821941** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Exemption \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25
 8. This Corporation has liability for shareholders under s. 600.020, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **7480 A1A So** 26 **5012 NW 15th Place**
 State, Apt #, etc. State, Apt #, etc.
 22 **FL 32086** 27
 City & State City & State
 23 **St Augustine FL** 28 **GAINESVILLE FLORIDA**
 24 **32086** 25 **Florida** 29 **32605** 30

9. Name and Address of Current Registered Agent
 CORNELIUS, MARCUS M.
 OCEANS EIGHT CONDOMINIUM #103
 7460 A1A SOUTH
 CRESCENT BCH. FL 32086

10. Name and Address of New Registered Agent
 81 Name **KEN WAGENER**
 82 Street Address (P.O. Box Number is Not Acceptable) **5012 NW 15th Place**
 83
 84 City **GAINESVILLE** FL 85 Zip Code **32605**

REMOVE

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 designating 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 **KEN WAGENER WAGENER + Ken Wagner**

12. OFFICERS AND DIRECTORS
 12.1 NAME PD CORNELIUS, MARCUS M III
 12.2 STREET ADDRESS 7480 A1A SOUTH CRESCENT BCH. FL
 12.3 CITY, STATE, ZIP 32086
 12.4 TITLE D
 12.5 NAME FAEHNLE, EILEEN
 12.6 STREET ADDRESS 770 VILLAGE PKWY WATERSVILLE OH
 12.7 CITY, STATE, ZIP 43083
 12.8 TITLE PD
 12.9 NAME OBERNAUF, GARY
 12.10 STREET ADDRESS 10110 YAWBERG RD. GRAND RAPIDS OH
 12.11 CITY, STATE, ZIP 43002
 12.12 TITLE D
 12.13 NAME DYER, ANNETTE
 12.14 STREET ADDRESS 468 MISTY LANE WINTER PARK FL
 12.15 CITY, STATE, ZIP 32789
 12.16 TITLE SD
 12.17 NAME WAGENER, KEN
 12.18 STREET ADDRESS 5012 N.W. 15TH PLACE GAINESVILLE FL
 12.19 CITY, STATE, ZIP 32605
 12.20 TITLE DT
 12.21 NAME SEIPEL, FERD
 12.22 STREET ADDRESS 18488 E. RIVER RD BOWLING GREEN OH
 12.23 CITY, STATE, ZIP 43402

13. OFFICERS AND DIRECTORS
 13.1 TITLE Director - V.P. Change Addition
 13.2 NAME OTWELL, STEVE
 13.3 STREET ADDRESS 5002 NW 15th Place GAINESVILLE FL 32605
 13.4 CITY, STATE, ZIP 32605
 13.5 TITLE Change Addition
 13.6 NAME
 13.7 STREET ADDRESS
 13.8 CITY, STATE, ZIP
 13.9 TITLE Change Addition
 13.10 NAME
 13.11 STREET ADDRESS
 13.12 CITY, STATE, ZIP
 13.13 TITLE Change Addition
 13.14 NAME
 13.15 STREET ADDRESS
 13.16 CITY, STATE, ZIP
 13.17 TITLE Change Addition
 13.18 NAME
 13.19 STREET ADDRESS
 13.20 CITY, STATE, ZIP
 13.21 TITLE Change Addition
 13.22 NAME
 13.23 STREET ADDRESS
 13.24 CITY, STATE, ZIP

REMOVE

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(b), Florida Statutes. I further certify that the information exhibited 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 of this report, or on an attachment with an address.

SIGNATURE: **Ferd Scipel**
 SIGNATURE AND TITLE OR PRINTED NAME OF OFFICER OR DIRECTOR

6-20-95 119-878-7910

CR2E037 (3-95)