

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
7480 A1A SOUTH APT. 201 ST. AUGUSTINE FL 32086 US
5012 NW 15TH PLACE 7475 A1A SOUTH #103 GAINESVILLE FL 32605 US

3. Date Incorporated or Qualified **05/02/1985** 3a. Date of Last Report **07/06/1995**
 4. FEI Number **59-2821941** 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**
 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. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
WAGENER, KEN
5012 N.W. 15TH PLACE
7480 A1A SOUTH
GAINESVILLE FL 32605

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 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	DVP	<input type="checkbox"/> DELETE
NAME	OTWELL, STEVE	
STREET ADDRESS	5002 NW 15TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FAEHNLE, EILEEN	
STREET ADDRESS	770 VILLAGE PKWY	
CITY-ST-ZIP	WATERVILLE OH	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	OBERNAUF, GARY	
STREET ADDRESS	10110 YAWBERG RD.	
CITY-ST-ZIP	GRAND RAPIDS OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DYER, ANNETTE	
STREET ADDRESS	466 MISTY LANE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WAGENER, KEN	
STREET ADDRESS	5012 N.W. 15TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEIPEL, FERD	
STREET ADDRESS	16488 E. RIVER RD	
CITY-ST-ZIP	BOWLING GREEN OH	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 119.07(3)(k), 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: *Ferd Seipel* **7-30-96** **419 878-7910**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)