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Jun 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N09026 (8)
1. Corporation Name
OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC



Principal Place of Business 7480 AIA SOUTH APT. 201 ST. AUGUSTINE FL 32086 US	Mailing Address 5012 NW 15TH PLACE 7475 AIA SOUTH #103 GAINESVILLE FL 32605-4555 US
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3. Date Incorporated or Qualified 05/02/1985	3a. Date of Last Report 08/02/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-2821941	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**WAGENER, KEN
5012 N.W. 15TH PLACE
7480 AIA 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP OTWELL, STEVE 5002 NW 15TH PLACE GAINESVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D FAEHNLE, EILEEN 770 VILLAGE PKWY WATERVILLE OH	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD OBERNAUF, GARY 10110 YAWBERG RD. GRAND RAPIDS OH	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D DYER, ANNETTE 466 MISTY LANE WINTER PARK FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD WAGENER, KEN 5012 N.W. 15TH PLACE GAINESVILLE FL	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DT SEIPEL, FERD 16488 E. RIVER RD BOWLING GREEN OH	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition

1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE _____

CR2E037 (9/96)