FILE NOW: FILING FEE IS \$61.25

Mailing Address

5012 NW 15TH PLACE

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N09026

1. Corporation Name

7480 AIA SOUTH

Principal Place of Business

OCEAN EIGHT CONDOMINIUM OWNER'S ASSOCIATION, INC

APT. 201 ST. AUGUSTINE FL 32086 US			GAINESVILLE FL 32605 US					T KERIKARI BIN BERNO KEMI BENIR KIRIK BUNU BIRIK B Banin Birik Bir								
Principal Place of Business The Principal Place of Business			2a. Mailing Address						3. Date Incorporated or Qualifed 05/02/1985							
Suite, Apt. #, etc.			Suite, Apt. #, etc.						4. FEI Number				App	lied For]	
									59-2821941					Not Applicable		.
City & State			City & State					5. Certificate of Status Desired Fee Required								
Zip	Cou		Zip			Country	<i></i>		6. Election	n Campaigi	n Financing	₹. □	\$	5.00 N	/lay Be	Ì
24	25	29			30				_1	und Contrib				dded to	Fees	1
	9. Name and Ad	dress of Current Regi	sterec	l Agent			_		10. Name	and Addre	ss of New	Registere	d Agent			1
						81		Name								
WAGENER	r, ken					82		Street Addre	ess (P.O. Box	Number is	Not Accep	table)				1
5012 N.W. 15TH PLACE							<u> </u>									
GAINESVIL	LLE FL 32605					83	1									
						84	,	City				F	85	Zip C	ode	1
							Ļ			- this state	mont for th			ing its r	peretered	1
office or r	edistered agent, or bi	Sections 617.0502 and oth, in the State of Floraccept the obligations o	10a. SI	Jen enang	e was auin	orized by	· un	named corpo le corporatio	oration subtrition's board of d	irectors. I h	nereby acc	ept the app	cointment	as regi	istered	
\$IGNATURE												DATE				
12.	Signature, typed or printed n	OFFICERS AND DIR			(NOTE: Re	distered Age	nt s	agnature required	when reinstating)	NS/CHAN	GES TO C		AND DIR	ECTOF	RS IN 12	1
TITLE	DVP	OFFICERS AND DIK		DE	LETE	1.1 TITLE								hange	Addition	1
NAME	OTWELL, STEVE					1.2 NAME										-
STREET ADDRESS		I ACE				1.3 STREE	TAI	DORESS								
CITY-ST-ZIP	GAINESVILLE FL	DAOL				1.4 CITY-S		- 1								1
TITLE	D			☐ DE	LETE	2.1 TITLE							□ci	nange	Addition	7
NAME	FAEHNLE, EILEEI	N				2.2 NAME		1								Į
STREET ADDRESS	770 VILLAGE PK					2.3 STREE	T AL	DDRESS				•				1
CITY-ST-ZIP	WATERVILLE OH					2. 4 CITY-	ST-	ZIP								
TITLE	PD			☐ DE	LETE	3.1 TITLE							□ c	hange	Addition Addition	
NAME	OBERNAUF, GAR	RY				3.2 NAME	-	[7
STREET ADDRESS						3.3 STREE	:7 A	DORESS								
CITY-ST-ZIP	GRAND RAPIDS	OH				3.4. CITY-	ST-	ZIP								1
TITLE	D			_ ☐ DE	LETE	4.1 TITLE							□c	hange	Addition	1
NAME	DYER, ANNETTE					4. 2 NAME	:]								
STREET ADDRESS	466 MISTY LANE					4.3 STREE	TA	DORESS								
CITY-ST-ZIP	WINTER PARK FL	<u>L</u>				4.4 CITY-5	ST-2	ZIP							- A 1 Po	4
TITLE	SD			☐ DE	LETE	5.1 TITLE							Пс	hange	☐ Addition	
NAME	WAGENER, KEN					5.2 NAME										
STREET ADDRESS		PLACE				5.3 STREE		1								1
CITY-ST-ZIP	GAINESVILLE FL					5.4 CITY-5		ZIP						hance	☐ Addition	1
TITLE	DT			□ DE	LETE	6.1 TITLE							LJC	hange		
NAME	SEIPEL, FERD					6.2 NAME										
STREET ADDRESS						6.3 STREE		l l								-
C!TY-ST-ZIP	BOWLING GREET	N OH				6.4 CITY-5	ST-Z	ZIP]_								נ

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:

KaSIGUATURE REQUIRED

Daytime Phone

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90089 005 ****61.25

Deutime Phone #