

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR -9 AM 9:10

DOCUMENT # **N25106** (8)  
1. Corporation Name  
**OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**C/O BRUCE MILEY** **C/O BRUCE MILEY**  
**4500 S.E. 5TH PLACE, UNIT 206** **4500 S.E. 5TH PLACE, UNIT 206**  
**CAPE CORAL, FL 33904** **CAPE CORAL, FL 33904**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1988** 3a. Date of Last Report **02/09/1994**  
4. FEI Number **65-0058521** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
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 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**MILEY, BRUCE F**  
**4500 SE 5TH PL**  
**APT 206**  
**CAPE CORAL FL 33904**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>WALSH, EDWARD</b>
STREET ADDRESS	<b>201 COOPER AVE.</b>
CITY - ST - ZIP	<b>WOODLYN NJ</b>
TITLE	<b>VSD</b>
NAME	<b>MOZZANI, JOSEPH</b>
STREET ADDRESS	<b>685 ROSEDALE RD.</b>
CITY - ST - ZIP	<b>KENNETT SQ. PA</b>
TITLE	<b>TD</b>
NAME	<b>SNYDER, ALBERT O. JR.</b>
STREET ADDRESS	<b>61 PLEASURE SHORES CIR.</b>
CITY - ST - ZIP	<b>CHESAPEAKE CITY MD</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MOZZANI, JOSEPH</b>
1.3 STREET ADDRESS	<b>685 ROSEDALE RD</b>
1.4 CITY - ST - ZIP	<b>KENNETT SQ, PA 19348</b>
2.1 TITLE	<b>VSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>NELSON, GWEN LYNN</b>
2.3 STREET ADDRESS	<b>174 MERION AVE</b>
2.4 CITY - ST - ZIP	<b>ALDAN, PA 19018</b>
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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Albert O. Snyder, Jr. **ALBERT O. SNYDER, JR.** 3-4-95 410-885-5432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Chapter 1, Rule 8