

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N25106 (8)

1. Corporation Name

OCEAN ISLE RUBICAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O BRUCE MILEY
4500 S.E. 5TH PLACE, UNIT 206
CAPE CORAL FL 33904

C/O BRUCE MILEY
4500 S.E. 5TH PLACE, UNIT 206
CAPE CORAL FL 33904

3. Date Incorporated or Qualified

03/01/1988

3a. Date of Last Report

03/09/1995

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**

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILEY, BRUCE F
4500 SE 5TH PL
APT 206
CAPE CORAL FL 33904**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VSD** ☐ DELETE
NAME **NELSON, GWEN L.**
STREET ADDRESS **174 MERION AVE**
CITY-ST-ZIP **ALDAN PA**

TITLE **PD** ☒ DELETE
NAME **MOZZANI, JOSEPH**
STREET ADDRESS **685 ROSEDALE RD.**
CITY-ST-ZIP **KENNETT SQ. PA**

TITLE **TD** ☐ DELETE
NAME **SNYDER, ALBERT O. JR.**
STREET ADDRESS **61 PLEASURE SHORES CIR.**
CITY-ST-ZIP **CHESAPEAKE CITY MD**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE **PD** ☒ Change ☐ Addition
22 NAME **MILEY, BRUCE F.**
23 STREET ADDRESS **4500 SE 5TH PLACE #206**
24 CITY-ST-ZIP **CAPE CORAL, FL 33904-5577**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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 placed 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: *Albert O. Snyder Jr.* **ALBERT O. SNYDER JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 29, 1996
Date

410-885-5432
Daytime Phone #

CR2E037 (12/95)