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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29430 (8)
1. Corporation Name
OCEAN ISLE RUBICAN II CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business 4544-4550 S.E. 5TH PLACE CAPE CORAL FL 33904	Mailing Address % PROFESSIONALLY YOURS P.O. BOX 831 CAPE CORAL FL 33910-0831
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3. Date Incorporated or Qualified 11/23/1988	
4. FEI Number 65-0135236	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Co Coral Condomnt	2a. Mailing Address 26 Co Coral Condo Mgmt
22 4831 Coronado Pkwy	27 PO Box 1282
23 Cape Coral, FL	28 Cape Coral FL
24 33904 US	29 33910-1282 US

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**OLSON, BARBARA A
% PROFESSIONALLY YOURS
1342 S.E. 46 LANE, #3
CAPE CORAL FL 33904**

10. Name and Address of New Registered Agent
81 Name **CURTIS WASSBERG**
82 Street Address (P.O. Box Number is Not Acceptable)
CORAL CONDO MGMT, INC
83 **4821 CORONADO PLWY**
84 City **CAPE CORAL** **FL** 85 Zip Code **33904**

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: *Curtis Wassberg* **CURTIS WASSBERG** **April 6, 1998**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SZALMER, HALINA	
STREET ADDRESS	4550 S.E. 5TH PLACE, #201	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	CARLSON, ALBERT	
STREET ADDRESS	4544 S.E. 5TH PLACE, #207	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ALTERI, AUGUST	
STREET ADDRESS	4550 S.E. 5TH PLACE, #103	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	PD	<input checked="" 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	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DOUGLAS J. WORLEY	
4.3 STREET ADDRESS	4550 SE 5th Place, #103	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MOORE, KEITH P.	
5.3 STREET ADDRESS	4550 SE 5th Place #102	
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
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 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: *Donna Szalmer* **3/30/98** **1600510-0220**

CR2E037 (10/97)