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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29430

1. Corporation Name

OCEAN ISLE RUBICAN II CONDOMINIUM ASSOCIATION, I
NC.

Principal Place of Business

C/O CORAL CONDO MGMT
4821 CORONADO PKWY
CAPE CORAL FL 33904
US

Mailing Address

C/O CORAL CONDO MGMT
PO BOX 1282
CAPE CORAL FL 33910-0831
US



2. Principal Place of Business

21 C/o Gulf Side Condo Mgmt

2a. Mailing Address

26 C/o Gulf Side Condo Mgmt

3. Date Incorporated or Qualified

11/23/1988

Suite, Apt. #, etc.

22 P.O. Box 1448

Suite, Apt. #, etc.

27 P.O. Box 1448

4. FEI Number

65-0135236

Applied For

Not Applicable

City & State

23 CAPE CORAL FL

City & State

28 Cape Coral FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

24 33910

Country

25 US

Zip

29 33910

Country

30 US

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WASSBERT, CURTIS
CORAL CONDO MGMT INC
4821 CORONADO PKWY
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)
1303 SE 34th Terrace
83
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
Signature, typed or printed name of registered agent and title if applicable

Curtis Wassberg 1-15-99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	WORLEY, DOUGLAS J	
STREET ADDRESS	4450 ST 5TH PLACE., #103	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CARLSON, ALBERT	
STREET ADDRESS	4544 S.E. 5TH PLACE, #207	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MOORE, KEITH P	
STREET ADDRESS	4550 SE 5TH PLACE #102	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WORLEY, DOUGLAS	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	COOLEY, ARLENE	
2.3 STREET ADDRESS	4544 SE 5TH PL. #105	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904	
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 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:

Douglas J. Worley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 JAN. 99 941-540-1212
Date Daytime Phone #

CR2E037 (11/98)