FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N31378

(5)

OCEAN GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address					145 B1011 81011 61611 01814 B1011 61611 1081
C/O THOMAS M. REITER 1860 BEACH AVENUE. #2 ATLANTIC BCH FL 32233		C/O THOMAS M. REITER 1680 BEACH AVENUE. #2 ATLANTIC BCH FL 32233			
US		US		3. Date Incorporated or Qualified 03/27/1989	3a. Date of Last Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		59-2986396	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inte	angible tax under s. 199.032,
24	25	29	30		Yes 🗶 No
	9. Name and Address of Currer	10. Name and Address of New Reg	istered Agent		
GALLOWAY BARBARA				omas M. Reiter	
GALLOWAY BARBARA			82 Street A	dures <u>s i</u> r .C, box number is not Acceptable)	
1660-1 BEACH AVE. ATLANTIC BEACH FL 32233				o beach ave # 2	
ATLANT	O BEAUTI PL 32233				
			84 City	ANTIC BEACL	FL 85 Zip Code 3 223 3
11. Pursuant t	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	tes, the above-named cor	poration submits this statement for the purpo	use of changing its registered office
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 617,0508. Florida Statutes.					
SIGNATURE 4-30-96					
THE WAY IN THE AUG If applicable. (NOTE: Fleg stered Agent signature required when reinstalling) DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	GALLOWAY,BARBARA		1.2 NAME		
STREET ADDRESS	1660-1 BEACH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL	Florita	1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	2 1 TITLE		Change Addition
NAME	REITER, THOMAS M		2.2 NAME		
STREET ADDRESS	1660 BEACH AVENUE, #2		2 3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BCH FL	[]nr.crc	2 4 CITY-ST-ZIP	5	Channe Fill Marking
TITLE	D DECKY	DELETE		President/Director	Change Addition
NAME STREET ADDRESS	CHARLES, BECKY		3 2 NAME		
STREET ADDRESS	1660-5 BEACH AVENUE ATLANTIC BCH FL		3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	ATLANTIC BOTT FL	DELETE	3 4. CITY - ST - ZIP 4 1 TITLE	DIRECTUR	Change Addition
NAME			4 2 NAME	BEVERLY Stuck	Onlings Addition
STREET ADDRESS				7910 SW 47th covet	
CITY-ST-ZIP			44 City-ST-ZIP		60B
TITLE		DELETE	51 TITLE	Grillesville 181 32	Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+S1-ZIP			5 4 City-St-ZiP		
TITLE		[] DELETE	61 TITLE		☐ Change ☐ Addition
NAME		_ -	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 C/TY-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 cath; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
THUM A S. M. KEITER

4-30-96 904-353-3100

CR2E037 (12/95)