

FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90074 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31378

1. Corporation Name

OCEAN GROVE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~OCEAN GROVE HOMEOWNERS' ASSOCIATION~~  
1660 BEACH AVENUE, #2  
ATLANTIC BCH FL 32233  
US

~~OCEAN GROVE HOMEOWNERS' ASSOCIATION~~  
1660 BEACH AVENUE, #2  
ATLANTIC BCH FL 32233  
US



119043 90074 4 26 3

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 c/o John C. Fletcher, Jr.	26 c/o John C. Fletcher, Jr.	03/27/1989
22 Suite, Apt. #, etc. 1660-2 Beach Avenue	27 Suite, Apt. #, etc. 1660-2 Beach Avenue	4. FEI Number 59-2986396
23 City & State Atlantic Beach, FL	28 City & State Atlantic Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32233	29 Zip 32233	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<del>FREDERICK THOMAS REITER</del> 1660 BEACH AVENUE SUITE 2 ATLANTIC BEACH FL 32233	81 Name Fletcher, John C., Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 1660-2 Beach Avenue 83 84 City Atlantic Beach FL 85 Zip Code 32233

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 JOHN C. FLETCHER, JR. DATE 3/20/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCK, BEVERLY	1.2 NAME	
STREET ADDRESS	1660 BEACH AVE #3	1.3 STREET ADDRESS	1660-3 Beach Avenue
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	1.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	REITER, THOMAS M	2.2 NAME	
STREET ADDRESS	1660 BEACH AVENUE, #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BCH FL 32233	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, BECKY	3.2 NAME	Becky, Charles
STREET ADDRESS	1660-5 BEACH AVENUE	3.3 STREET ADDRESS	Atlantic Beach, FL 32233
CITY-ST-ZIP	ATLANTIC BCH FL 32233	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Fletcher, John
STREET ADDRESS		4.3 STREET ADDRESS	1660-2 Beach Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlantic Beach, FL 32233
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] DATE: 3/20/99 John C. Fletcher, Jr. (904)356-6023

CR2E037 (1/98)