FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N39531 (1)

1. Corporation Name

OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTI NE BEACH, INC.

Principal Place of Business	Mailing Address
416 OCEAN DR. ST. AUGUSTINE BEACH FL 32084 US	416 OCEAN DR. ST. AUGUSTINE BEACH FL 32084 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-2811335 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 35 Ocean Court	26 2a. Mailing Address: 35 Ocean Court
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: St. Augustine Bch, FL	28 City & State: St. Augustine Bch, FL
24 Zip: 32084 25 Country: US	29 Zip: 32084 30 Country: US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BESKIND, ROBERT L.
416 OCEAN DR.
ST. AUGUSTINE BEACH FL 32084

10. Name and Address of New Registered Agent

81 Name: Harris, Kim M.
82 Street Address (P.O. Box Number is Not Acceptable): 35 Ocean Court
83
84 City: St. Augustine Bch FL 85 Zip Code: 32084

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kim M. Harris - Kim M. Harris — 2/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	P ☒ Change ☐ Addition
NAME	MICCO, JOSEPHINE	1.2 NAME	Harris, Kim M.
STREET ADDRESS	41 OCEAN COURT	1.3 STREET ADDRESS	35 ocean Court
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL	1.4 CITY-ST-ZIP	St. AugustineBch, FL 32084
TITLE	P	2.1 TITLE	T ☒ Change ☐ Addition
NAME	BESKIND, ROBERT L.	2.2 NAME	Harris, Craig C.
STREET ADDRESS	416 OCEAN DR.	2.3 STREET ADDRESS	35 Ocean Court
CITY-ST-ZIP	ST AUGUSTINE BCH FL	2.4 CITY-ST-ZIP	St. Augustine Bch, FL 32084
TITLE	V	3.1 TITLE	S ☒ Change ☐ Addition
NAME	HALE, SHARON	3.2 NAME	Beskind, Robert L
STREET ADDRESS	413 OCEAN DR.	3.3 STREET ADDRESS	416 Ocean Drive
CITY-ST-ZIP	ST. AUGSUTINE BCH FL	3.4 CITY-ST-ZIP	St. Augustine Bch, FL 32084
TITLE	T	4.1 TITLE	V ☒ Change ☐ Addition
NAME	PIKE, ARTHUR	4.2 NAME	Kahler, Robert
STREET ADDRESS	10 SUNFISH DR.	4.3 STREET ADDRESS	29 Sunfish Drive
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	4.4 CITY-ST-ZIP	St. Augustine Bch, FL 32084
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HAMLETT, LEWIS P.	5.2 NAME	Lipshall, Cecil
STREET ADDRESS	36 OCEAN COURT	5.3 STREET ADDRESS	50 Ocean Court
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	5.4 CITY-ST-ZIP	St. Augustine Bch, FL 32084
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	MCKENNA, JERRY	6.2 NAME	Connor, James
STREET ADDRESS	428 OCEAN DR.	6.3 STREET ADDRESS	12 Sunfish Drive
CITY-ST-ZIP	ST AUGUSTINE BCH FL	6.4 CITY-ST-ZIP	St. Augustine Bch, FL 32084

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)(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: Kim M. Harris Kim M. Harris — 2/23/95 — 904-461-9877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023000