FILE	NOW:	FILING	FEE	IS	\$61	.25
PROFIT		C 11 500	Ft.0	ORIDA	DEPART	MENT (

NON CORPORATION ANNUAL REPORT



OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPURATIONS

1996

22

NAME

STREEL ADDRESS

City & State

HARRIS, KIM M.

35 OCEAN COURT

ST. AUGUSTINE BEACH FL 32084

CONNOR, JAMES

12 SUNFISH DR

DOCUMENT # N39531

(1)

City & State

OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTI

Name and Address of Current Registered Agent

NE BEACH, INC. Principal Place of Business Mailing Address 35 OCEAN CT 35 OCEAN COURT ST. AUGUSTINE BEACH FL 32084 ST. AUGUSTINE BEACH FL 32084 US US 2. Principal Place of Business 2a. Mailing Address 21 29 SUNFISH DRIVE 26 29 SUNFISH DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For 59-2811335 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be

3a. Date of Last Report

03/06/1995

23 ST, AUGUSTINE BEACH, FL 28 ST. AUGUSTINE BEACH, FL Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, 0.5 ☐ Yes XNo Florida Statutes

10. Name and Address of New Registered Agent 81 Name ROBERT Street Address (P.O. Box Number is Not Acceptable 29 SVNF/SH DA 82 83 84

AUDREY STROBSON 1850NF15H DRIVE

3. Date Incorporated or Qualified

08/13/1990

City 57. 32084 AUGUSTINE BEACH 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 in the state of Florida Statutes.

-03/08/36--01111--005/-2

30

	Signature broad or printed name of repristment agent and	Little if applicable. INOTE	Registered Agent signature re		DATE
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFI	ICERS AND DIRECTORS IN 12
TITLE	Р	DELFTE	11 TUTLE	P	Change Addition
NAME	HARRIS, KIM M.		1.2 NAME	BOBERT R. KAHLER	- -
STREET ADDRESS	35 OCEAN CT		1.3 STREET ADDRESS	29 SUNFISH DRIVE	<i>E</i>
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL		1.4 CITY - ST - ZIP	ST. AUGUSTINE BEACH	1, FL 32084
TITLE	T	DEFELE	2 1 TITLE	\mathcal{T}	Change 🔲 Addition
NAME	HARRIS, CRAIG C.	•	2 2 NAME	EMILY B. KAHLER	
STREET ADDRESS	35 OCEAN CT		2 3 STREET ADDRESS	29 SUNFISH DA	
CITY-ST-ZIP	ST AUGUSTINE BCH FL		2 4 CITY - ST - ZIP	ST. AUGUSTINE BE	nch, FL 32084
TITLE	S	DELETE	3.1 TITLE		Change X Addition
NAME	BESKIND, ROBERT L.		3 2 NAME	. NINCENT WITE	
STREET ADDRESS	416 OCEAN DR		3.3 STREET ADDRESS	41 OLEAN COU	et -
CITY-ST-ZIP	ST. AUGSUTINE BCH FL		3.4 CHTY-ST-ZIP	ST. AUGUSTINE BE	1CH, FL 32084
TITLE	٧	DELETE	4.1 DILE		
NAME	Kahler, Robert		4. 2 NAME	LESTER JACOBSON	
STREET ADDRESS	29 SUNFISH DR		4.3 STREET ADDRESS	18 SUNFISH DAI	
CITY+ST+ZIP	ST. AUGUSTINE BCH FL		4.4 CITY-ST-ZIP	ST. AUGUSTINE BEA	14, FL 32084
TITLE	D	DELETE	5.1 TITLE	D	Change Addition
NAME	UPSHALL, CECIL		5.2 NAME	MARTHA GODDA	4.5
STREET ADDRESS	50 OCEAN CT		5 3 STREET ADDRESS	9 BEACH STOR	667
CITY-ST-ZIP	ST. AUGUSTINE BCH FL		5.4 CITY - ST- ZIP	ST. AUGUSTAVE S	3EAKH FL 3208K
TITLE	D	DELETE	61 TITLE	D	Channe Addition

City-St-ZiP ST AUGUSTINE BCH FL

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.

62 NAME

6.3 STREET ADDRESS

ROBERT R. KAHLER SIGNATURE:

CR2E037 (12/95)