

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90271 033 ****61.25

0001461

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

DOCUMENT # N39531

1. Corporation Name

OCEAN OAKS HOMEOWNERS ASSOCIATION OF ST. AUGUSTINE BEACH, INC.

Principal Place of Business

18 SUNFISH DRIVE
 ST. AUGUSTINE BEACH FL 32084
 US

Mailing Address

18 SUNFISH DRIVE
 ST. AUGUSTINE BEACH FL 32084
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.
 416 Ocean Dr.

2a. Mailing Address

26 416 Ocean Dr.

3. Date Incorporated or Qualified

08/13/1990

4. FEI Number

59-2811335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JACOBSON, LESTER
 18 SUNFISH DRIVE
 ST. AUGUSTINE BEACH FL 32084

10. Name and Address of New Registered Agent

81 Name Robert Beskind
 82 Street Address (P.O. Box Number is Not Acceptable) 416 Ocean Drive
 83
 84 City St. Augustine Beach FL 85 Zip Code 32084

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 *[Signature]*

4/28/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BATEMAN, TYNER	
STREET ADDRESS	8 SUNFISH DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL 32084	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JACOBSON, LESTER	
STREET ADDRESS	18 SUNFISH DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE BCH. FL 32084	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, YVAN	
STREET ADDRESS	7 SUNFISH DRIVE	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	KAHLER, ROBERT R	
STREET ADDRESS	29 SUNFISH DR	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL 32084	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UPSHALL, CECIL	
STREET ADDRESS	50 OCEAN CT	
CITY-ST-ZIP	ST. AUGUSTINE BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CONNOR, JAMES	
STREET ADDRESS	12 SUNFISH DR	
CITY-ST-ZIP	ST AUGUSTINE BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Beskind, Robert	
1.3 STREET ADDRESS	416 Ocean Dr.	
1.4 CITY-ST-ZIP	St. Augustine Beach FL 32084	
2.1 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hale Mike	
2.3 STREET ADDRESS	413 Ocean Drive	
2.4 CITY-ST-ZIP	St. Augustine Beach, FL 32084	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Orange, Henry B.	
3.3 STREET ADDRESS	3 Wave Pl.	
3.4 CITY-ST-ZIP	St. Augustine Beach, FL 32084	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Rusterholz-Leiva, Vreni	
4.3 STREET ADDRESS	51 Ocean Court	
4.4 CITY-ST-ZIP	St. Augustine, FL 32084	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Agoub, Richard	
5.3 STREET ADDRESS	710 Mickler Blvd	
5.4 CITY-ST-ZIP	St. Augustine Beach FL 32084	
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Galantowicz, Richard	
6.3 STREET ADDRESS	49 Ocean Court	
6.4 CITY-ST-ZIP	St. Augustine Beach, FL 32084	

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (904) 471-0588

Date

Daytime Phone #

CR2E037 (11/98)