

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N42392 (3)
1. Corporation Name
OCEAN PEARL'S HOMEOWNERS ASSOCIATION, INC.

**APPROVED
AND
FILED**

95 MAY -1 PH 8:50

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business Mailing Address
**4600 NORTH A-1-A, SUITE 7
VERO BEACH FL 32963** **4600 NORTH A-1-A, SUITE 7
VERO BEACH FL 32963**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 03/07/1991	3a. Date of Last Report 12/30/1994
4. FEI Number APPLIED FOR 65-0567438	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**DIMARZO, JAMES W
4625 NORTH A1A
VERO BEACH FL 32963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE MD	NAME SUTHERLAND, JOHN H
STREET ADDRESS 321 21ST ST.	CITY - ST - ZIP VERO BEACH FL 32960
TITLE DP	NAME ADAMS, LANCE
STREET ADDRESS 9300 NORTH A1A, SUITE 201-C	CITY - ST - ZIP VERO BEACH FL 32963
TITLE XD	NAME DIMARZO, JAMES W
STREET ADDRESS 4625 NORTH A1A	CITY - ST - ZIP VERO BEACH FL 32963
TITLE D	NAME GUIDA, ROSE
STREET ADDRESS 4600 NORTH A1A, SUITE 7	CITY - ST - ZIP VERO BEACH FL 32963
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Lawrence D. Castleman	
2.3 STREET ADDRESS 360 North Blue Wave Lane	
2.4 CITY - ST - ZIP Indian River Shores, FL 32963	
3.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Jayne Guida	
4.3 STREET ADDRESS Post Office Box 8323	
4.4 CITY - ST - ZIP Vero Beach, FL 32963	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - 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 110.07(3)(b), 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: Jayne Guida Jayne Guida 4-25-95 407-231-2226
Date (Jayne Guida)