

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42392** (3)

1. Corporation Name  
**OCEAN PEARL'S HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: 4800 NORTH A-1-A, SUITE 7, VERO BEACH FL 32963  
Mailing Address: 4800 NORTH A-1-A, SUITE 7, VERO BEACH FL 32963

3. Date Incorporated or Qualified: 03/07/1991  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 65-0567938  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Suite, Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 29  
25. 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: Steve Henderson  
82 Street Address (P.O. Box Number is Not Acceptable): 817 Beachland Blvd.  
83  
84 City: Vero Beach FL 85 Zip Code: 32963

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: *Steve Henderson*, STEVE HENDERSON DATE: 3/26/96

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	SUTHERLAND, JOHN H	
STREET ADDRESS	321 21ST ST.	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CASTLEMAN, LAWRENCE D	
STREET ADDRESS	360 NORTH BLUE WAVE LANE	
CITY-ST-ZIP	INDIAN RIVER SHORES FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	DIMARZO, JAMES W	
STREET ADDRESS	4625 NORTH A1A	
CITY-ST-ZIP	VERO BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GUIDA, JAYME	
STREET ADDRESS	POST OFFICE BOX 8323	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sutherland, John H	
1.3 STREET ADDRESS	321 21st Street	
1.4 CITY-ST-ZIP	Vero Beach, FL	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Norcross	
2.3 STREET ADDRESS	1037 Springdale Road	
2.4 CITY-ST-ZIP	Cherry Hill, NJ 08003	
3.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rose M. Guida	
3.3 STREET ADDRESS	4800 North A1A	
3.4 CITY-ST-ZIP	Vero Beach, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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 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: *Rose M. Guida* DATE: 03/13/96 DAYTIME PHONE #

CR2E037 (12/95)