


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90028 003 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42392

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/07/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0567938
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent STEVE HENDERSON 817 BEACHLAND BLVD 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 85 Zip Code FL
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUTHERLAND, JOHN H		1.2 NAME	
STREET ADDRESS 321 21ST ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE DV	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CASTLEMAN, LAWRENCE D		2.2 NAME	
STREET ADDRESS 360 NORTH BLUE WAVE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN RIVER SHORES FL		2.4 CITY-ST-ZIP	
TITLE DST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GEORGE NORCROSS		3.2 NAME	
STREET ADDRESS 1037 SPRINGDALE ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP CHERRY HILL NJ		3.4 CITY-ST-ZIP	
TITLE DP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE M. GUIDA		4.2 NAME	
STREET ADDRESS 4800 NORTH A1A		4.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Rose M. Guida* **REQUIRE** 1/8/99 561/231-2226

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