

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000002403 (3)  
1. Corporation Name  
OCEAN FOREST UNIT 12 HOMEOWNERS ASSOCIATION, INC



Principal Place of Business: ~~10675 OLD DIXIE HWY. ST. AUGUSTINE FL 32095~~  
Mailing Address: ~~10675 OLD DIXIE HWY. ST. AUGUSTINE FL 32095~~

3. Date Incorporated or Qualified: 05/12/1994  
4. FEI Number: 59-3270562  
Applied For:  Not Applicable:

2. Principal Place of Business: 21 229 TALLWOOD RD, Suite, Apt. #, etc.  
22 City & State: JACKSONVILLE BEACH, FL.  
23 Zip: 32250, Country: USA  
2a. Mailing Address: 26 SAME  
27 City & State:  
28 Zip: 32250, Country: USA  
29 30

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
~~HART, JOHN B JR.  
10575 OLD DIXIE HWY.  
ST. AUGUSTINE FL 32095~~

10. Name and Address of New Registered Agent  
81 Name: STEW SEDGWICK  
82 Street Address (P.O. Box Number is Not Acceptable): 229 TALLWOOD RD  
83  
84 City: JACKSONVILLE BEACH FL 85 Zip Code: 32250

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: Stew Sedgwick (NOTE: Registered Agent signature required when reinstating) DATE: 2-8-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DP
NAME	HART, JOHN B	1.2 NAME	STEW SEDGWICK
STREET ADDRESS	10575 OLD DIXIE HWY.	1.3 STREET ADDRESS	229 TALLWOOD RD.
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	1.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250
TITLE	DS	2.1 TITLE	DT
NAME	HART, LITA G	2.2 NAME	ROD WILHOIT
STREET ADDRESS	10575 OLD DIXIE HWY.	2.3 STREET ADDRESS	214 TALLWOOD RD.
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	2.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250
TITLE	D	3.1 TITLE	DS
NAME	WELLS, MARK R	3.2 NAME	BRUCE JACOBI
STREET ADDRESS	10575 OLD DIXIE HWY	3.3 STREET ADDRESS	210 TALLWOOD RD.
CITY-ST-ZIP	ST. AUGUSTINE FL 32095	3.4 CITY-ST-ZIP	JACKSONVILLE BEACH, FL. 32250
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

SIGNATURE: Stew Sedgwick - STEW SEDGWICK DATE: 2-8-98 7265 904-249 -

CR2E037 (10/97)