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Secretary of State

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FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # N94000002403

1. Corporation Name

OCEAN FOREST UNIT 12 HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

229 TALLWOOD RD
 JACKSONVILLE BEACH FL 32250
 US

Mailing Address

229 TALLWOOD ROAD
 JACKSONVILLE BEACH FL 32250
 US



2. Principal Place of Business

21 **222 Tallwood Road**

Suite, Apt. #, etc.

22

23 **Jacksonville Beach FL**

Zip Country

24 **32250** 25 **U.S.A.**

2a. Mailing Address

26 **222 Tallwood Road**

Suite, Apt. #, etc.

27

28 **Jacksonville Beach FL**

Zip Country

29 **32250** 30 **U.S.A.**

3. Date Incorporated or Qualified

05/12/1994

4. FEI Number

59-3270562

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SEDGWICK, STEW
229 TALLWOOD ROAD
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name **Sheila Ann Loizos**

82 Street Address (P.O. Box Number is Not Acceptable)
222 Tallwood Road

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 **SHEILA ANN LOIZOS**

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

(NOTE: Registered Agent signature required when appointing)

Sheila Ann Loizos

1/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEDGWICK, STEW	
STREET ADDRESS	229 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILHOIT, ROD	
STREET ADDRESS	214 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACOBI, BRUCE	
STREET ADDRESS	210 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sheila Ann Loizos	
1.3 STREET ADDRESS	222 TALLWOOD ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIKE SILVIS	
2.3 STREET ADDRESS	205 TALLWOOD ROAD	
2.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CHUCK BERNREUTER	
3.3 STREET ADDRESS	225 TALLWOOD ROAD	
3.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
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 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: **SHEILA ANN LOIZOS** *Sheila Ann Loizos* **1/5/99** (904) 247-1437

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)