


FILE NOW: FILING FEE IS \$61.25

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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000006028 (3)**

1. Corporation Name

OCEANS EIGHT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2990 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118	Mailing Address 2990 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118-6002
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3. Date Incorporated or Qualified 12/22/1995	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 2937 S. Atlantic Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 2937 S. Atlantic Ave. Suite, Apt. #, etc.	4. FEI Number 59-3353201	Applied For Not Applicable
22 City & State Daytona Bch. Shrs., FL.	27 City & State Daytona Bch. Shrs., FL.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip 32118	25 Country Volusia	28 Zip 32118	30 Country Volusia
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TUMBLESON, J. DOYLE 150 S. PALMETTO AVE. DAYTONA BEACH FL	10. Name and Address of New Registered Agent 81 Name EILEEN M. McILROY 82 Street Address (P.O. Box Number is Not Acceptable) 2937 S. Atlantic Ave. #208 83 84 City Daytona Bch. Shrs., FL 85 Zip Code 32118
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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 <i>Eileen M. McIlroy</i> Signature, typed or printed name of registered agent and title if applicable	Eileen M. McIlroy, President (NOTE: Registered Agent signature required when reappointing)	3-24-97 DATE
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12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME UANINO, ANTHONY T		1.2 NAME EILEEN M. McILROY	
STREET ADDRESS 922 LEMON RD.		1.3 STREET ADDRESS 2937 S. Atlantic Ave. #208	
CITY-ST-ZIP SOUTH DAYTONA FL 32119		1.4 CITY-ST-ZIP Daytona Bch. Shrs., FL 32118	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENDERSON, R. DON		2.2 NAME EDWARD I. MATZ	
STREET ADDRESS 1532 N. BEACH ST.		2.3 STREET ADDRESS 2937 S. Atlantic Ave. #1404	
CITY-ST-ZIP ORMOND BEACH FL 32174		2.4 CITY-ST-ZIP Daytona Bch. Shrs., FL 32118	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TAYLOR, DEBI		3.2 NAME THOMAS H. CROWDER	
STREET ADDRESS 1645 DUNLAWTON AVE., #1611		3.3 STREET ADDRESS 2937 S. atlantic Ave. #908	
CITY-ST-ZIP PORT ORANGE FL 32127		3.4 CITY-ST-ZIP Daytona Bch. Shrs., FL 32118	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME JEAN A. BROWN	
STREET ADDRESS		4.3 STREET ADDRESS 2937 S. Atlantic Ave. #501	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Daytona Bch. Shrs., FL 32118	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE DD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME NEIL A. BUCKLEY	
STREET ADDRESS		5.3 STREET ADDRESS 2937 S. Atlantic Ave. #909	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Daytona Bch. Shrs., FL 32118	
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 do 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: <i>Eileen M. McIlroy</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	EILEEN M. McILROY, President Date	3-24-97 Daytime Phone #0002217
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CPRE037 (9/96)