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FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2037 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 US	Mailing Address 2937 S ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 US
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3. Date Incorporated or Qualified 12/22/1995	
4. FEI Number 59-3353201	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**MCILROY, EILEEN M
2937 S ATLANTIC AVE
208
DAYTONA BCH SHRS FL 32118**

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCILROY, EILEEN M	1.2 NAME	
STREET ADDRESS	2937 S ATLANTIC AVE, 208	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWDER, THOMAS H	2.2 NAME	BUCKLEY, NEIL A.
STREET ADDRESS	2937 S ATLANTIC AVE 908	2.3 STREET ADDRESS	2937 S. ATLANTIC AVE.# 909
CITY-ST-ZIP	DAYTONA BCH SHRS FL	2.4 CITY-ST-ZIP	DAYTONA BEACH SHRS., FL, 32118
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATZ, EDWARD I	3.2 NAME	MATZ, EDWARD I.
STREET ADDRESS	2937 S ATLANTIC AVE 1404	3.3 STREET ADDRESS	2937 S. ATLANTIC AVE. #1404
CITY-ST-ZIP	DAYTONA BCH SHRS FL	3.4 CITY-ST-ZIP	DAYTONA BCH. SHRS., FL, 32118
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JEAN A	4.2 NAME	ANDERSON, KARL H.
STREET ADDRESS	2937 S ATLANTIC AVE 501	4.3 STREET ADDRESS	2937 S. ATLANTIC AVE. #203
CITY-ST-ZIP	DAYTONA BCH SHRS FL	4.4 CITY-ST-ZIP	DAYTONA BEACH SHRS., FL, 32118
TITLE	DD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUCKLEY, NEIL A	5.2 NAME	SCOTT, MARCIA A.
STREET ADDRESS	2937 S ATLANTIC AVE 909	5.3 STREET ADDRESS	2937 S. ATLANTIC AVE. # 201
CITY-ST-ZIP	DAYTONA BCH SHRS FL	5.4 CITY-ST-ZIP	DAYTONA BEACH 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 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: *Eileen M. McIlroy* H. 10. 198 (904-) 760-5197

CP2E037 (10/97)