

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90146 021 ***61.25

0002214

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N95000006028

1. Corporation Name

OCEANS EIGHT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2937 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118
US

Mailing Address

2937 S ATLANTIC AVE
DAYTONA BEACH SHORES FL 32118
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/22/1995

4. FEI Number

59-3353201

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

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

10. Name and Address of New Registered Agent

81 Name Marcia Scott
82 Street Address (P.O. Box Number is Not Acceptable) 2937 S. Atlantic Avenue
83 #201
84 City Dayton Beach Shores, FL 85 Zip Code 32118

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

Marcia A. Scott Marcia A. Scott

1/19/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCILROY, EILEEN M	
STREET ADDRESS	2937 S ATLANTIC AVE, 208	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BUCKLEY, NEIL A	
STREET ADDRESS	2937 S ATLANTIC AVE, #909	
CITY-ST-ZIP	DAYTONA BCH SHRS FL 32118	
TITLE	DD	<input checked="" type="checkbox"/> DELETE
NAME	MATZ, EDWARD I	
STREET ADDRESS	2937 S ATLANTIC AVE 1404	
CITY-ST-ZIP	DAYTONA BCH SHRS FL 32118	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDERSON, KARL H	
STREET ADDRESS	2937 S ATLANTIC AVE, #203	
CITY-ST-ZIP	DAYTONA BCH SHRS FL 32118	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCOTT, MARCIA A	
STREET ADDRESS	2937 S ATLANTIC AVE, #201	
CITY-ST-ZIP	DAYTONA BCH SHRS FL 32118	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Paul McCallum	
1.3 STREET ADDRESS	2937 S. Atlantic Ave. #609	
1.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leon Cole	
2.3 STREET ADDRESS	2937 S. Atlantic Ave. #1008	
2.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
3.1 TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Phil Bartling	
3.3 STREET ADDRESS	2937 S. Atlantic Ave. #709	
3.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCOTT, MARCIA A.	
5.3 STREET ADDRESS	2937 S. ATLANTIC AVE. #201	
5.4 CITY-ST-ZIP	DAYTONA BEACH SHORES, FL 32118	
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)(l), 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: *Marcia A. Scott* Marcia A. Scott 1/19/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)