

FILE NOW: FILING FEE IS \$61.25

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 734431 (0)
1. Corporation Name
OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC.



Principal Place of Business 200 CEAN TRAIL WAY. #200 JUPITER FL 33477	Mailing Address 200 CEAN TRAIL WAY. #200 JUPITER FL 33477
---	---

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 11/25/1975	3a. Date of Last Report 03/20/1996
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1721857	Applied For <input type="checkbox"/> Not Applicable
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent WEBER, SHARON A., ESQ. % BECKER, POLIAKOFF & STREITFELD, P.A. 450 AUSTRALIAN AVE., STE. 720 W.PALM BCH. FL 33401-2034				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 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	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, JACK	1.2 NAME	TAYLOR, JOANNE
STREET ADDRESS	200 OCEAN TRL WAY #304	1.3 STREET ADDRESS	200 OCEAN TRAIL WAY # 709
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	M <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLUB, AL	2.2 NAME	O'RIEB, MARY
STREET ADDRESS	200 OCEAN TRAIL WAY #PH3	2.3 STREET ADDRESS	200 OCEAN TRAIL WAY # 505
CITY-ST-ZIP	JUPITER, FL 00000	2.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZUCCARO, VINCE	3.2 NAME	JOAN ABESS
STREET ADDRESS	200 OCEAN TRAIL WAY #807	3.3 STREET ADDRESS	200 OCEAN TRAIL WAY #101
CITY-ST-ZIP	JUPITER, FL 00000	3.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERACKER, LEON	4.2 NAME	GEORGE STROM
STREET ADDRESS	200 OCEAN TRAIL WAY #805	4.3 STREET ADDRESS	200 OCEAN TRAIL WAY # 301
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	JUPITER, FL 33477
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BOGGS, HUBERT	5.2 NAME	
STREET ADDRESS	200 OCEAN TRL WAY #402	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	TAYLOR, JEANNE	6.2 NAME	
STREET ADDRESS	200 OCEAN TRAIL WAY #709	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	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: *Joanne Taylor* **SIGNATURE REQUIRED** 4-29-97 (562) 747-1970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0079038

CR2E037 (9/96)