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Jan 30 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 # **N95000004883 (3)**

1. Corporation Name

OCEANIA PLAZA PHASE II CONDOMINIUM OWNERS' ASSOCIATION, INC.

Principal Place of Business

**425 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

Mailing Address

**425 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

3. Date Incorporated or Qualified

10/16/1995

4. FEI Number

59-3350782

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PADGETT, JEAN
425 S ATLANTIC AVE
NEW SMYRNA BEACH FL 32169**

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

JEAN R. PADGETT

JEAN PADGETT

1-15-98

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** ☐ DELETE

NAME **GALLICCHIO, JOHN**
STREET ADDRESS **130 NEW OAK RIDGE TRAIL**
CITY-ST-ZIP **FAYETTEVILLE GA 30214**

TITLE **VASD** ☐ DELETE

NAME **HOOPER, ROBERT**
STREET ADDRESS **1685 KILLEAN COURT**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE **STD** ☐ DELETE

NAME **WOODY, ROBERT**
STREET ADDRESS **310 SANDY LAKE CIRCLE**
CITY-ST-ZIP **FAYETTEVILLE GA 30214**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition

1.2 NAME **CORBIN, NORMAN L.**
1.3 STREET ADDRESS **P.O. BOX 935461**
1.4 CITY-ST-ZIP **WINTER PARK FL 32793**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **WOODY, ROBERT**
2.3 STREET ADDRESS **310 SANDY LAKE CIRCLE**
2.4 CITY-ST-ZIP **FAYETTEVILLE GA 30214**

3.1 TITLE **TD** ☒ Change ☐ Addition

3.2 NAME **WALDECK, JOHN**
3.3 STREET ADDRESS **425 S. ATLANTIC AVE**
3.4 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

4.1 TITLE **SD** ☐ Change ☒ Addition

4.2 NAME **LINDBERG, ARNOLD**
4.3 STREET ADDRESS **6722 DANCY COURT**
4.4 CITY-ST-ZIP **ORLANDO FL 32819**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *John E. Waldeck* **JOHN E. WALDECK** **1-15-98** (904) 427-4636

CR2E037 (10/97)