


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 734431 (0)**  
1. Corporation Name  
**OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC.**



Principal Place of Business <b>200 CEAN TRAIL WAY. #200 JUPITER FL 33477</b>	Mailing Address <b>200 CEAN TRAIL WAY. #200 JUPITER FL 33477</b>
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3. Date Incorporated or Qualified <b>11/25/1975</b>	
4. FEI Number <b>59-1721857</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**WEBER, AMARON, & SONS  
% BECKER, POLIAKOFF & STREITFELD, P.A.  
450 AUSTRALIAN AVE., STE. 720  
W.PALM BCH. FL 33401-2034**

10. Name and Address of New Registered Agent  
**DOUG RITCHEY  
200 OCEAN TRAIL WAY #105  
JUPITER, FL 33477-5512**

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 Doeg Ritchey DOUG RITCHEY 2-16-98  
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 <input type="checkbox"/> DELETE
NAME	TAYLOR, JEANNE
STREET ADDRESS	200 OCEAN TRAIL WAY, #709
CITY-ST-ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GRIEB, MARY
STREET ADDRESS	200 OCEAN TRAIL WAY, #505
CITY-ST-ZIP	JUPITER, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	ZUCCARO, VINCE
STREET ADDRESS	200 OCEAN TRAIL WAY #807
CITY-ST-ZIP	JUPITER, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	OVERACKER, LEON
STREET ADDRESS	200 OCEAN TRAIL WAY #805
CITY-ST-ZIP	JUPITER FL
TITLE	ST <input checked="" type="checkbox"/> DELETE
NAME	BOGGS, HUBERT
STREET ADDRESS	200 OCEAN TRAIL WAY #402
CITY-ST-ZIP	JUPITER, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	ABESS, JOAN
STREET ADDRESS	200 OCEAN TRAIL WAY, #101
CITY-ST-ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D SAM PANZICA
4.3 STREET ADDRESS	200 OCEAN TRAIL WAY #706
4.4 CITY-ST-ZIP	JUPITER, FL 33477
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D GEORGE STROM
5.3 STREET ADDRESS	200 OCEAN TRAIL WAY #301
5.4 CITY-ST-ZIP	JUPITER, FL 33477
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)(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: Doeg Ritchey DOUG RITCHEY 1-20-98 (561) 7471970

CFR2E037 (10/97)