

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90022 047 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 751745

1. Corporation Name

89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 89 SOUTH ATLANTIC AVENUE
 ORMOND BEACH FL 32176

Mailing Address
 89 SOUTH ATLANTIC AVENUE
 ORMOND BEACH FL 32176



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/26/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2129737	
24 Country		29 Country		30 Country	
				Applied For	
				Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

ROSE, JAMES
20 N HALIFAX AVENUE
DAYTONA BEACH 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	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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWTON, SHARON	1.2 NAME	CLAIRE GERARD
STREET ADDRESS	89 S ATLANTIC AVE #903	1.3 STREET ADDRESS	89 S ATLANTIC AVE. #1604
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RYDEN, ERIC	2.2 NAME	DIANE OLDHAM
STREET ADDRESS	89 S ATLANTIC AVE. #801	2.3 STREET ADDRESS	89 S ATLANTIC AVE. #1002
CITY-ST-ZIP	ORMOND BCH FL	2.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLOVER, SANDRA	3.2 NAME	MARILYN JUENGST
STREET ADDRESS	89 S ATLANTIC AVE #301	3.3 STREET ADDRESS	89 S ATLANTIC AVE. #403
CITY-ST-ZIP	ORMOND BCH, FL 00000	3.4 CITY-ST-ZIP	ORMOND BEACH FL 32176
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSNER, EARL	4.2 NAME	
STREET ADDRESS	89 S ATLANTIC AVE #1106	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZITZKE, VERNE	5.2 NAME	
STREET ADDRESS	89 S ATLANTIC AVE #906	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BCH, FL 00000	5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

Signature of Sharon Newton

4/22/99

904-672-5333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)