5-19-97 B-7543 Mnc FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 7

Principal Place of Business

SIGNATURE:

710889

(7)

Mailing Address

OCEAN HOUSE ASSOCIATION, INC.

1200 US HWY ONE N PALM BCH FL 33408		1200 US HWY ONE N PALM BCH FL 33408-3502				
					3. Date Incorporated or Qualified 05/17/1966	3a. Date of Last Report 04/24/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			59-1319818	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip Count 30		У	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes \textstyle \text{No}
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
			81	Name		
'LETSCH, EILEEN F. '1200 US HWY ONE			82	Street Add	fress (P.O. Box Number is Not Acceptab	le)
	BCH. FL 33408		83			
•			84	City		FL 85 Zip Code
11. Pursuant office or ragent La	to the provisions of Sections 617.050; egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	tes, the above authorized b forida Statute	re-named cor y the corpora is.	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
SIGNATURE .	•					
	Signature, typed or printed name of registered age			ent signature requ	ired when reinstating)	DATE
	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	
THILE	D	☐ DELETE	1.1 TITLE	ļ		Change Addition
NAME	SWANK, RUSSELL		1.2 NAME	ĺ		
STREET ADDRESS	11370 TURTLE BEACH ROAD		1.3 STREE	T ADORESS		
CITY - S1 - ZIP	NORTH PALM BEACH FL	/ I priere	1.4 CITY-	ST-ZIP		and Polymone and the Polymone
TITLE	STD	☐ DELETE	2.1 TITLE	*		Change Addition
NAME	VAN BOVEN, CAROLYN	·	2.2 NAME	l l		ļ
STREET ADDRESS	11270 TURTLE BEACH RD			T ADDRESS		l
CITY-ST-ZIP	N PALM BECH FL	D.C.CTC	2. 4 CITY	ST-ZIP		Di Ohoone Di Galillon
TITLE	VD	☐ DELETE	3 1 TITLE			Change Addition
NAME	MACNIDER, JACK		3.2 NAME			ţ
STREET ADDRESS	11312 TURTLE BEACH RD		1	T ADDRESS		•
CITY-ST-ZIP	N PALM BEACH FL	DELETE	3.4. CITY	ST-ZIP		Change Addition
TITLE	PD DAVIDOUR DAVID	C OFFER	4.1 TITLE	_		C charge C Addition
NAME	ROENISCH, DAVIS		4. 2 NAMI			
STREET ADDRESS	11416 TURTLE BEACH RD.		1	T ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL	DELETE	4.4 CITY-	ST-ZIP		Change Addition
TITLE		← Nere+C	5.1 TITLE			The priorite The vocations
NAME			5.2 NAME	ľ		
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-	SI-ZIP		Change Addition
JULTE.		m nerele	6.1 TITLE			The cusufts The Woollings
NAME			6.2 NAME	ſ		
STREET ADDRESS				T ADDRESS		
DITY OF 3th			■ ¢ a ∧itv	CT 71D		

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.