

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 710889 (7)**  
1. Corporation Name  
**OCEAN HOUSE ASSOCIATION, INC.**



|   |                               |   |                                |
|---|-------------------------------|---|--------------------------------|
| Principal Place of Business<br><b>1200 US HWY ONE<br/>N PALM BCH FL 33408</b> |                               | Mailing Address<br><b>1200 US HWY ONE<br/>N PALM BCH FL 33408</b> |                                |
| <b>21</b> 2. Principal Place of Business                                      | <b>22</b> Suite, Apt. #, etc. | <b>2a.</b> Mailing Address  | <b>2b.</b> Suite, Apt. #, etc. |
| <b>23</b> City & State  | <b>24</b> Zip                 | <b>26</b> City & State  | <b>27</b> Zip                  |
| <b>25</b> Country   | <b>28</b> Country             | <b>29</b> Zip   | <b>30</b> Country              |

**3.** Date Incorporated or Qualified  
**05/17/1966**

**4.** FEI Number  
**59-1319818**

**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**

**LETSCH, EILEEN F.**  
**1200 US HWY ONE**  
**N PALM BCH. FL 33408**

**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                      | <b>D</b> <input type="checkbox"/> DELETE   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SWANK, RUSSELL</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>11370 TURTLE BEACH ROAD</b>             | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NORTH PALM BEACH FL</b>                 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>STD</b> <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VAN BOVEN, CAROLYN</b>                  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>11270 TURTLE BEACH RD</b>               | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>N PALM BECH FL</b>                      | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VD</b> <input type="checkbox"/> DELETE  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MACNIDER, JACK</b>                      | 3.2 NAME  |   |
| STREET ADDRESS             | <b>11312 TURTLE BEACH RD</b>               | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>N PALM BEACH FL</b>                     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>PD</b> <input type="checkbox"/> DELETE  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROENISCH, DAVIS</b>                     | 4.2 NAME  |   |
| STREET ADDRESS             | <b>11416 TURTLE BEACH RD.</b>              | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>NORTH PALM BEACH FL</b>                 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 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.

SIGNATURE: Davis A. Roensch

3/19/98

CR2E037 (10/97)