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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

04-26-1999 90108 001 ****17.50
 04-26-1999 90108 002 ****21.80
 04-26-1999 90108 003 ****13.20
 04-26-1999 90108 004 ****17.50

DOCUMENT # 710889

1. Corporation Name

OCEAN HOUSE ASSOCIATION, INC.

Principal Place of Business

1200 US HWY ONE
 N PALM BCH FL 33408

Mailing Address

1200 US HWY ONE
 N PALM BCH FL 33408



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/17/1966

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1319818

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 **D** DELETE
 NAME **SWANK, RUSSELL**
 STREET ADDRESS **11370 TURTLE BEACH ROAD**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

1.1 TITLE **D** Change Addition
 1.2 NAME **Chace, Malcolm G.**
 1.3 STREET ADDRESS **11354 Turtle Bch Rd**
 1.4 CITY-ST-ZIP **No. Palm Beach, FL 33408**

TITLE **STD** DELETE
 NAME **VAN BOVEN, CAROLYN**
 STREET ADDRESS **11270 TURTLE BEACH RD**
 CITY-ST-ZIP **N PALM BECH FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE **VD** DELETE
 NAME **MACNIDER, JACK**
 STREET ADDRESS **11312 TURTLE BEACH RD**
 CITY-ST-ZIP **N PALM BEACH FL**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE **PD** DELETE
 NAME **ROENISCH, DAVIS**
 STREET ADDRESS **11416 TURTLE BEACH RD.**
 CITY-ST-ZIP **NORTH PALM BEACH FL**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]
DAVIS ROENISCH

3/22/99

Date

561-626-3100

Daytime Phone #

CR2E037 (1/98)