

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **723731** (6)
1. Corporation Name
THIRD OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

FILED
95 JAN 25 PM 12: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4450 N. A1A 4450 N. A1A
P O BOX 3612 P O BOX 3612
VERO BEACH FL 32964 VERO BEACH FL 32964

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1972	3a. Date of Last Report 03/01/1994
4. FEI Number 59-1525258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent
WILLIAM, STEWART J
3355 SOUTH OCEAN DRIVE
VERO BEACH FL 32964

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LEE, FREDERICK C.
STREET ADDRESS	4450 N A1A #401
CITY-ST-ZIP	VERO BCH. FL 32963
TITLE	D
NAME	MALONE, EDWIN J.
STREET ADDRESS	4450 N A1A #402
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	D
NAME	SARTORI, ANN
STREET ADDRESS	4450 N. A1A #103
CITY-ST-ZIP	VERO BEACH FL 32963
TITLE	PD
NAME	STRAUGHN, A. ERNEST
STREET ADDRESS	831 HEATHERCREST
CITY-ST-ZIP	LAKELAND FL 33813
TITLE	D
NAME	PALMER, JOSEPH D.
STREET ADDRESS	24 MITCHELL DR.
CITY-ST-ZIP	TOMS RIVER NJ 08753
TITLE	STD
NAME	BANE, HELEN C.
STREET ADDRESS	4450 N. A1A #505
CITY-ST-ZIP	VERO BEACH, FL 00000 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	O'BRYAN, JOSEPH C.	
1.3 STREET ADDRESS	4450 N. A1A #501	
1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
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 type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Helen C. Bane **1/16/95** **407-231-0920**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Helen C. Bane, Secretary