

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **723731** (6)  
1. Corporation Name  
**THIRD OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4450 N. A1A P O BOX 3612 VERO BEACH FL 32964</b>	Mailing Address <b>4450 N. A1A P O BOX 3612 VERO BEACH FL 32963-5406</b>
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3. Date Incorporated or Qualified <b>06/22/1972</b>	3a. Date of Last Report <b>03/04/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1525258</b>	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>WILLIAM, STEWART J 3355 SOUTH OCEAN DRIVE VERO BEACH FL 32964</b>		10. Name and Address of New Registered Agent	
81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'BRYAN, JOSEPH C.</b>	1.2 NAME	<b>PD REESE, Mervin</b>
STREET ADDRESS	<b>4450 N. A1A #501</b>	1.3 STREET ADDRESS	<b>4450 N A1A # 205</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	1.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONE, EDWIN J.</b>	2.2 NAME	
STREET ADDRESS	<b>4450 N A1A #402</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL 32963</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SARTORI, ANN</b>	3.2 NAME	<b>STD HEALY, Rhonda</b>
STREET ADDRESS	<b>4450 N. A1A #103</b>	3.3 STREET ADDRESS	<b>4450 A1A # 304</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STRAUGHN, A. ERNEST</b>	4.2 NAME	<b>D STRAUGHN, BEA</b>
STREET ADDRESS	<b>831 HEATHERCREST</b>	4.3 STREET ADDRESS	<b>4450 A1A #306</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	<b>VERO BEACH, FL 32963</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTIE, RICHARD</b>	5.2 NAME	
STREET ADDRESS	<b>21 WESTCHESTER DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CARTER GA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DYER, JOHN M.</b>	6.2 NAME	<b>D</b>
STREET ADDRESS	<b>3406 RAMSGATE TERRACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>	6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Bea Straughn* **Bea Straughn** 4/10/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020823

CP2E037 (9/96)