

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 32964</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Country
<b>24</b> Country	<b>25</b> Zip
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>06/22/1972</b>	
<b>4.</b> FEI Number <b>59-1525258</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>7.</b> Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ 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	PD REESE, MERVIN 4450 N A1A, #205 VERO BEACH FL 32963	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D MALONE, EDWIN J 4450 N A1A, #402 VERO BEACH FL 32963	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD HEALY, RHONDA 4450 N A1A, #304 VERO BEACH FL 32963	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D STRAUGHN, BEA 4450 N A1A, #306 VERO BEACH FL 32963	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D MATTIE, RICHARD 21 WESTCHESTER DRIVE CARTER GA	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D DYER, JOHN M 3406 RAMSGATE TERRACE ALEXANDRIA VA	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	

**VPD WAYNE COSTLEY**  
4450 N. A1A #104  
VERO Bch. FL 32963

**STD RICHARD S. DOUGLAS**  
4450 N A1A #102  
VERO Bch., FL 32963

**D JOSEPH D'IBRYAN**  
4450 N. A1A #561  
VERO Bch., FL 32963

**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 a person authorized to execute the same as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: *Richard S. Kaucor* Secretary 3/6/97 561-778-2424

CF2E037 (10/97)