


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90182 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
			
<b>DOCUMENT # 723731 - (6)</b> ✓			
1. Corporation Name <b>Third Ocean Club Condominium Association, Inc.</b>			
Principal Place of Business <b>P.O. Box 65                  Jensen Beach, FL 34958</b>		Mailing Address <b>P.O. Box 65                  Jensen Beach, FL 34958</b>	

21. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/22/1972</b>	
22. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1525258</b>	
23. City & State		27. City & State		Applied For <input type="checkbox"/> Not Applicable	
24. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>William, Stewart J.</b> <b>3355 South Ocean Drive</b> <b>Vero Beach, FL 32964</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Reese, Mervin</b>	1.2 NAME	<b>D REESE, MERVIN</b>
STREET ADDRESS	<b>3030 South 106th Street</b>	1.3 STREET ADDRESS	<b>3030 SOUTH 106TH ST.</b>
CITY-ST-ZIP	<b>Omaha, NE 68124</b>	1.4 CITY-ST-ZIP	<b>OMAHA, NE. 68124</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Costley, Wayne</b>	2.2 NAME	<b>D COSTLEY, WAYNE</b>
STREET ADDRESS	<b>4450 North Ala #104</b>	2.3 STREET ADDRESS	<b>4450 N. ALA #104</b>
CITY-ST-ZIP	<b>Vero Beach, FL</b>	2.4 CITY-ST-ZIP	<b>VERO Bch., FL. 32962</b>
TITLE	<b>S/T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Douglas, Richard</b>	3.2 NAME	<b>DT DOUGLAS, RICHARD</b>
STREET ADDRESS	<b>117 Prestwick Circle</b>	3.3 STREET ADDRESS	<b>117 PRESTWICK CIRCLE</b>
CITY-ST-ZIP	<b>Vero Beach, FL</b>	3.4 CITY-ST-ZIP	<b>VERO Bch., FL 32962</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Dyer, Jack</b>	4.2 NAME	<b>DS DANIEL GILROY</b>
STREET ADDRESS	<b>3406 Romsgate Terrace</b>	4.3 STREET ADDRESS	<b>4450 NALA #101</b>
CITY-ST-ZIP	<b>Alexandria, VA</b>	4.4 CITY-ST-ZIP	<b>VERO Bch., FL. 32962</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>O'Bryan, Joseph</b>	5.2 NAME	<b>DVP RICHARD MATTIE</b>
STREET ADDRESS	<b>4450 North Ala #501</b>	5.3 STREET ADDRESS	<b>21 WESTCHESTER DR.</b>
CITY-ST-ZIP	<b>Vero Beach, FL</b>	5.4 CITY-ST-ZIP	<b>CATERSVILLE, GA. 30120</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jensen, Douglas</b>	6.2 NAME	<b>DD EDGE, TIM</b>
STREET ADDRESS	<b>3406 Ramsgate Terrace</b>	6.3 STREET ADDRESS	<b>4450 NALA #302</b>
CITY-ST-ZIP	<b>Alexandria, VA</b>	6.4 CITY-ST-ZIP	<b>VERO Bch., FL. 32962</b>

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: \_\_\_\_\_ DATE: **4/26/99** DAYTIME PHONE #: \_\_\_\_\_

CR2E037 (11/98)