

FILE NOW: FILING FEE IS \$61.25

FILED
May 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 731,965 (0)
1. Corporation Name
100 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
1 TURTLE BEACH ROAD VERO BEACH FL 32963
1 TURTLE BEACH ROAD VERO BEACH FL 32963-3452

3. Date Incorporated or Qualified 02/24/1975
3a. Date of Last Report 04/24/1996

21	2. Principal Place of Business	22	2a. Mailing Address	25	26	4. FEI Number	59-1650181	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	28	29	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	30	City & State	31	32	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, MICHAEL
1 TURTLE BEACH ROAD
VERO BCH FL 32963

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTLETT, RALPH T.	1.2 NAME	Bartlett, Ralph T.
STREET ADDRESS	100 OCEAN RD #206	1.3 STREET ADDRESS	100 Ocean Road, #206
CITY-ST-ZIP	VERO BEACH, FL 00000	1.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRS, DOUGLAS C	2.2 NAME	
STREET ADDRESS	100 OCEAN ROAD - APT 202	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKMAN, ROSEANNE B	3.2 NAME	Brockman, Roseanne B.
STREET ADDRESS	100 OCEAN RD #108	3.3 STREET ADDRESS	100 Ocean Road, #108
CITY-ST-ZIP	VERO BEACH, FL 00000	3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNSTON, KENNETH	4.2 NAME	
STREET ADDRESS	100 OCEAN RD #204	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, JOHN E	5.2 NAME	
STREET ADDRESS	1 TURTLE BEACH ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MICHAEL	6.2 NAME	
STREET ADDRESS	1 TURTLE BEACH ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	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 _____ 561-231-1666

CR2E037 (9/96)