FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

0045

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 PM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **734548** **(1)**

1. Corporation Name

OCEAN VIEW ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2370 NE OCEAN BLVD. STUART FL 34996 US	~~C/O VISTA PROPERTIES MGT.~~ ~~100 VISTA ROYALE BLVD.~~ ~~VERO BCH FL 32963~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/09/1975**

3a. Date of Last Report: **04/19/1994**

4. FEI Number: **59-1877464** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 c/o Plantation Management
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Wed NE Ocean Blvd.
City & State 23	City & State 28 Stuart FL
Zip 24 / Country 25	Zip 29 34996 / Country 30 US

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORNETT, JANE L.
401 EAST OCEOLA STREET
FIRST FLOOR- RIVER OAK CENTER
STUART FL 34994

10. Name and Address of New Registered Agent

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 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 _____ 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	11 TITLE		☐ Change ☐ Addition
NAME	WATT, BILL	12 NAME		
STREET ADDRESS	2375 NE OCEAN BLVD. #B-306	13 STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 00000	14 CITY-ST-ZIP		
TITLE	VTD	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MUNRO, WILLARD	22 NAME	GERT WOLFANG	
STREET ADDRESS	292 YARMOUTH	23 STREET ADDRESS	PO BOX 175	
CITY-ST-ZIP	BIRMINGHAM MI	24 CITY-ST-ZIP	KATTSKILL BAY, NY 12844	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	BISSELL, DR. KATHLEEN	32 NAME		
STREET ADDRESS	73 POVERSHON RD	33 STREET ADDRESS		
CITY-ST-ZIP	NUTLEY NJ	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ZOCCO, CHESTER	42 NAME		
STREET ADDRESS	177 HIGHLAND ST.	43 STREET ADDRESS		
CITY-ST-ZIP	ROCKY HILL CT	44 CITY-ST-ZIP		
TITLE	~~D~~	51 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WALTER, DON	52 NAME		
STREET ADDRESS	9403 SPRING FORREST DR.	53 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen D Bissell MD KATHLEEN D BISSELL 2-15-95 407-225-3164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004888