

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **734548** (1)
1. Corporation Name
OCEAN VIEW ASSOCIATION, INC.



Principal Place of Business: **2370 NE OCEAN BLVD. STUART FL 34996 US**
Mailing Address: **% PLANTATION MANAGEMENT 662 NE OCEAN BLVD STUART FL 34996 US**

3. Date Incorporated or Qualified: **12/09/1975**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1877464**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
City & State, Suite, Apt. #, etc., Zip, Country

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 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: PD	NAME: WATT, BILL	1.1 TITLE: Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2375 NE OCEAN BLVD. #B-306	CITY-ST-ZIP: STUART, FL 00000	1.2 NAME: Riedell, Louis	
		1.3 STREET ADDRESS: 2370 NE Ocean Blvd. # C-204	
		1.4 CITY-ST-ZIP: Stuart, FL 34996	
TITLE: VPT	NAME: WOLFGANG, GERT	2.1 TITLE: President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: PO BOX 175 N/A	CITY-ST-ZIP: KATTSKILL BAY NY	2.2 NAME: Wolfgang, Gert H.	
		2.3 STREET ADDRESS: 2375 NE Ocean Blvd, # E-406	
		2.4 CITY-ST-ZIP: Stuart, FL 34996	
TITLE: SD	NAME: BISSELL, DR. KATHLEEN	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 73 POWERSHON RD	CITY-ST-ZIP: NUTLEY NJ	3.2 NAME:	
		3.3 STREET ADDRESS: 07110	
		3.4 CITY-ST-ZIP:	
TITLE: D	NAME: ZOCCO, CHESTER	4.1 TITLE: Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 177 HIGHLAND ST.	CITY-ST-ZIP: ROCKY HILL CT	4.2 NAME:	
		4.3 STREET ADDRESS: 117 Highland Street	
		4.4 CITY-ST-ZIP: 06067	
TITLE: T	NAME: WALTER, DON	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9403 SPRING FORREST DR.	CITY-ST-ZIP: INDIANAPOLIS IN	5.2 NAME: Walters, Don	
		5.3 STREET ADDRESS: 9403 Spring Forest Drive	
		5.4 CITY-ST-ZIP: 46260	
TITLE:	NAME:	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:		6.2 NAME:	
CITY-ST-ZIP:		6.3 STREET ADDRESS:	
		6.4 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: *Don A. Wolfgang* **GERT H. WOLFGANG** 9/5/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)