

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734548** (1)  
1. Corporation Name  
**OCEAN VIEW ASSOCIATION, INC.**



Principal Place of Business <b>2370 NE OCEAN BLVD. STUART FL 34996 US</b>	Mailing Address <b>% PLANTATION MANAGEMENT 662 NE OCEAN BLVD STUART FL 34996-1623 US</b>
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3. Date Incorporated or Qualified <b>12/09/1975</b>	3a. Date of Last Report <b>02/15/1996</b>
4. FEI Number <b>59-1877464</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. 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
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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIEDEL, LOUIS</b>	
STREET ADDRESS	<b>2370 NE OCEAN BLVD, # C-204</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WOLFGANG, GERT H</b>	
STREET ADDRESS	<b>2375 NE OCEAN BLVD, #E-408</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BISSELL, DR. KATHLEEN</b>	
STREET ADDRESS	<b>73 POWERSHON RD</b>	
CITY-ST-ZIP	<b>NUTLEY NJ</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZOCCO, CHESTER</b>	
STREET ADDRESS	<b>117 HIGHLAND STREET</b>	
CITY-ST-ZIP	<b>ROCKY HILL CT</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALTER, DON</b>	
STREET ADDRESS	<b>9403 SPRING FOREST DRIVE</b>	
CITY-ST-ZIP	<b>INDIANAPOLIS IN</b>	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>DD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Rolla JUDA</b>	
1.3 STREET ADDRESS	<b>2375 N.E. OCEAN BLVD D-303</b>	
1.4 CITY-ST-ZIP	<b>STUART FL 34996</b>	
2.1 TITLE	<b>VPP</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Charles Ambrosio</b>	
2.3 STREET ADDRESS	<b>2370 N.E. OCEAN BLVD C-304</b>	
2.4 CITY-ST-ZIP	<b>STUART FL 34996</b>	
3.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>LOIS TRIVENO</b>	
3.3 STREET ADDRESS	<b>2370 N.E. OCEAN BLVD C-101</b>	
3.4 CITY-ST-ZIP	<b>STUART FL 34996</b>	
4.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Peter West</b>	
4.3 STREET ADDRESS	<b>2370 N.E. OCEAN BLVD C-103</b>	
4.4 CITY-ST-ZIP	<b>STUART FL 34996</b>	
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>ALFRED MYERS</b>	
5.3 STREET ADDRESS	<b>2370 N.E. OCEAN BLVD C-105</b>	
5.4 CITY-ST-ZIP	<b>STUART FL 34996</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* **Feb 10, 1997** 225-2474  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072186

CR2E037 (9/96)