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Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90082 032 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734548					
1. Corporation Name OCEAN VIEW ASSOCIATION, INC.					
Principal Place of Business 2375 NE OCEAN BLVD. D-102 STUART FL 34996 US			Mailing Address 2375 NE OCEAN BLVD. D-102 STUART FL 34996 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/09/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1877464	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE L 401 EAST OCEOLA STREET FIRST FLOOR- RIVER OAK CENTER STUART FL 34994				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 PD <input checked="" type="checkbox"/> DELETE NAME SMITH, GEORGE S. STREET ADDRESS 2370 NE OCEAN BLVD., C-120 CITY-ST-ZIP STUART FL 34996				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME DICK SCHODENBERG 1.3 STREET ADDRESS 662 NE OCEAN BLVD 1.4 CITY-ST-ZIP			
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME AMBROGIO, CHARLES STREET ADDRESS 120 SUNKEN MEADOW CITY-ST-ZIP FT. SALONGA NY 11768				2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME EDIE CARBONE 2.3 STREET ADDRESS 662 NE OCEAN BLVD. 2.4 CITY-ST-ZIP STUART, FL 34996			
TITLE VPSD <input checked="" type="checkbox"/> DELETE NAME JACOBSTEN, RONALD STREET ADDRESS 2370 NE OCEAN BLVD. A-304 CITY-ST-ZIP STUART FL 34996				3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME T/D 3.3 STREET ADDRESS JOE GEBHARDT 3.4 CITY-ST-ZIP 662 NE OCEAN BLVD. STUART, FL 34996			
TITLE TD <input checked="" type="checkbox"/> DELETE NAME LIEN, HOSSANA STREET ADDRESS 6 MEADOW RUN RD. CITY-ST-ZIP TRENTON NJ 08640				4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME D/VP 4.3 STREET ADDRESS ALBERT BOOTH 4.4 CITY-ST-ZIP 662 NE OCEAN BLVD. STUART, FL 34996			
TITLE D <input checked="" type="checkbox"/> DELETE NAME MYERS, ALFRED STREET ADDRESS 2370 N.E. OCEAN BLVD., C-105 CITY-ST-ZIP INDIANAPOLIS IN				5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME ALBERT CUMMINGS 5.3 STREET ADDRESS 662 NE OCEAN BLVD. 5.4 CITY-ST-ZIP STUART, FL 34996			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				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 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:

[Signature] **REQUIRED**

2-26-99

561-334-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)