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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736489** (6)

1. Corporation Name

OCEANWAY IMPROVEMENT COUNCIL, INC.

Principal Place of Business

**12438 WOODLAND DR.
JACKSONVILLE FL 32218
US**

Mailing Address

**12438 WOODLAND DR.
JACKSONVILLE FL 32218
US**

3. Date Incorporated or Qualified

07/28/1976

4. FEI Number

59-1712668

Applied For

☐ Not Applicable

2. Principal Place of Business

21 12205 SAGO RD.

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE FL 32218

Zip

24 32218

Country

2a. Mailing Address

26 P. O. BOX 77068

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32226-7068

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HURST, MARY
12438 WOODLAND R.
JACKSONVILLE FL 32218**

10. Name and Address of New Registered Agent

81 Name

William C. Hansen

82 Street Address (P.O. Box Number is Not Acceptable)

12540 Pulaski Rd.

83

Jacksonville FL

84 City

FL

85 Zip Code

32218

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 William C. Hansen **William C. Hansen**

April 27, 1998

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HURST, MARY**
STREET ADDRESS **12438 WOODLAND DR.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VD** ☒ DELETE

NAME **CONNELL, DANIEL C.**
STREET ADDRESS **157 ORANGE AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **SD** ☒ DELETE

NAME **REESE, KAY**
STREET ADDRESS **2312 WATERBLUFF RD**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ DELETE

NAME **REESE, STEVE**
STREET ADDRESS **2312 WATERBLUFF RD.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **WHITE, COBY**
STREET ADDRESS **111 OCEANWAY AVE.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ DELETE

NAME **HANSEN, W.C.**
STREET ADDRESS **12540 PULASKI ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE **P**

1.2 NAME **WILLIAM C. HANSEN**

1.3 STREET ADDRESS **12540 PULASKI RD**

1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

2.1 TITLE **VD ROBERT MCDOWELL** ☐ Change ☒ Addition

2.2 NAME **203 COLLEN RD.**

2.3 STREET ADDRESS **JACKSONVILLE, FL 32218**

2.4 CITY-ST-ZIP

3.1 TITLE **S/T** ☐ Change ☒ Addition

3.2 NAME **HARRY J. WAGNER**

3.3 STREET ADDRESS **13659 DUNN CREEK RD.**

3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **FRANK LUKSHA**

5.3 STREET ADDRESS **13516 COLLEN RD**

5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

6.1 TITLE **D** ☐ Change ☒ Addition

6.2 NAME **BEVERLY LUKSHA**

6.3 STREET ADDRESS **13516 COLLEN RD.**

6.4 CITY-ST-ZIP **JACKSONVILLE, FL 32218**

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.

SIGNATURE: Harry J. Wagner **Harry J. Wagner, Secretary** **April 27, 1998**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000007

CR2E037 (10/97)