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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 742177 (9)

1. Corporation Name
SOUTH
OCEAN PARK OWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
333 TAYLOR AVE CAPE CANAVERAL FL 32920	333 TAYLOR AVE CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1978
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-1896832 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 OCEAN PARK SOUTH	26 333 Taylor Ave.
Suite, Apt. #, etc. 22 333 Taylor Ave.	Suite, Apt. #, etc. 27
City & State 23 Cape Canaveral, FL	City & State 28
Zip / Country 24 32920 / 25	Zip / Country 29 / 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. 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	10. Name and Address of New Registered Agent
AASE, MARY 311 TAYLOR AVE G-2 CAPE CANAVERAL FL 32920	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 Catherine Lapiska
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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	FRANCIS, LILLIAN	1.2 NAME	LILLIAN FRANCIS
STREET ADDRESS	351 TAYLOR AVE F21	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	V-P ☒ Change ☐ Addition
NAME	LOOKMAN, ADELINE	2.2 NAME	George Benetti
STREET ADDRESS	311 TAYLOR AVE., G5	2.3 STREET ADDRESS	350 Fillmore Ave. F-16
CITY-ST-ZIP	CAPE CANAVERAL, FL 00000	2.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	3.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	BRINTON, DONAL	3.2 NAME	Kathryn Rooney
STREET ADDRESS	350 FILLMORE AVE., F18	3.3 STREET ADDRESS	350 Fillmore Ave. F-10
CITY-ST-ZIP	CAPE CANAVERAL FL	3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	4.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	BENETTI, GEORGE	4.2 NAME	Raymond Bolduc
STREET ADDRESS	350 FILLMORE AVE F16	4.3 STREET ADDRESS	350 Fillmore F-23
CITY-ST-ZIP	CAPE CANAVERAL FL	4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE	D	5.1 TITLE	Pres ☒ Change ☐ Addition
NAME	LAPISKA, CATHERINE	5.2 NAME	Catherine Lapiska
STREET ADDRESS	350 FILLMORE AVE F11	5.3 STREET ADDRESS	350 Fillmore F-11
CITY-ST-ZIP	CAPE CANAVERAL FL	5.4 CITY-ST-ZIP	Cape Canaveral, FL 32920
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Catherine Lapiska
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000811