FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State
04-27-1999 90110 025 ****61.25

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DOCUMENT # **742177**

1. Corporation Name

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/23/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1896832 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARSHALL, EDWARD
311 TAYLOR AVE #G118
CAPE CANAVERAL FL 32920

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOLDUC, RAYMOND		1.2 NAME		
STREET ADDRESS	350 FILLMORE AVE F-23		1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		1.4 CITY-ST-ZIP		
TITLE	P	XX DELETE	2.1 TITLE	P	☒ Change ☐ Addition
NAME	MARSHALL, EDWARD		2.2 NAME	Lookman, Adeline	
STREET ADDRESS	311 TAYLOR AVE #G-18		2.3 STREET ADDRESS	311 Taylor Ave. G-5	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		2.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
TITLE	DVP	☐ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	LOOKMAN, ADELINE		3.2 NAME	Marcelle Dick	
STREET ADDRESS	311 TAYLOR AVE., G5		3.3 STREET ADDRESS	350 Fillmore Ave. F-17	
CITY-ST-ZIP	CAPE CANAVERAL FL		3.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
TITLE	D	XX DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ZYSK, CHARLES		4.2 NAME	Helen Gedutis	
STREET ADDRESS	350 FILLMORE AVE #F-8		4.3 STREET ADDRESS	350 Fillmore F-1	
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		4.4 CITY-ST-ZIP	Cape Canaveral, FL. 32920	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ROONEY, KATHRYN		5.2 NAME		
STREET ADDRESS	350 FILLMORE F10		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CAN FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Adeline Lookman Pres. 4/23/99 (783-6622)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Adeline Lookman