

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 742684 (4)

1. Corporation Name
THE OCEANA II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 9900 S OCEAN DR. JENSEN BEACH FL 34957 US
Mailing Address: 9900 S OCEAN DR. JENSEN BEACH FL 34957 US

3. Date Incorporated or Qualified: 05/23/1978
3a. Date of Last Report: 03/02/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-1963040	Applied For	Not Applicable
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	25	29	Zip	Country	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORNETT, JANE L C/O WACKEEN, CORNETT 7 GOOGE, PA 401 E. OSCEOLA ST. STUART FL 34994				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUSK, HARRY C.		1.2 NAME	LIPPERT, Louis C.			
STREET ADDRESS	9900 S. OCEAN DR.		1.3 STREET ADDRESS	9900 S. Ocean Dr.			
CITY-ST-ZIP	JENSEN BEACH FL		1.4 CITY-ST-ZIP	Jensen Beach Fl 34957			
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KARNELL, MARILYN		2.2 NAME	MARINO, Fara			
STREET ADDRESS	9900 S. OCEAN DR.		2.3 STREET ADDRESS	9900 S. Ocean Dr.			
CITY-ST-ZIP	JENSEN BCH FL		2.4 CITY-ST-ZIP	Jensen Beach, FL. 34957			
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAVITSON, MARY D		3.2 NAME				
STREET ADDRESS	9900 S. OCEAN DR.		3.3 STREET ADDRESS				
CITY-ST-ZIP	JENSEN BCH FL		3.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LIPPERT, LOUIS C		4.2 NAME	ZARRA, James			
STREET ADDRESS	9900 S. OCEAN DR.		4.3 STREET ADDRESS	9900 S. Ocean Dr.			
CITY-ST-ZIP	JENSEN BCH FL		4.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ZARRA, JAMES		5.2 NAME	FOLEY, DAVID SR.			
STREET ADDRESS	9900 S. OCEAN DR.		5.3 STREET ADDRESS	9900 S. Ocean Dr.			
CITY-ST-ZIP	JENSEN BEACH FL		5.4 CITY-ST-ZIP	Jensen Beach, Fl. 34957			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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: *Louis C. Lippert* 2/22/96 407-229 0139
DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)