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Feb 18 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 # 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
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3. Date Incorporated or Qualified 05/23/1978	
4. FEI Number 59-1963040	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**CORNETT, JANE L
 C/O WACKEEN, CORNETT 7 GOOGE, PA
 401 E. OSCEOLA ST.
 STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	ZAVITSON, MARY	
STREET ADDRESS	9900 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ULLERY, GERALD	
STREET ADDRESS	9900 S OCEAN DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIPPERT, LOUIS C	
STREET ADDRESS	9900 S OCEAN DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOLEY, DAVID SR	
STREET ADDRESS	9900 S. OCEAN DR.	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ZARRA, JAMES	
STREET ADDRESS	9900 S OCEAN DR	
CITY-ST-ZIP	JENSEN BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Sweetman, William
5.3 STREET ADDRESS	9900 S. Ocean Dr.
5.4 CITY-ST-ZIP	Jensen Beach, Fl
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.

SIGNATURE: *Louis C. Riment* President 2/2/98

CR2E037 (10/97)