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FILED  
Feb 18, 1999 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



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

02-18-1999 90123 008 \*\*\*\*\*61.25

DOCUMENT # 742684

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/23/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1963040

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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 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

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 SD  DELETE  
NAME ZAVITSON, MARY  
STREET ADDRESS 9900 S. OCEAN DR.  
CITY-ST-ZIP JENSEN BEACH FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE TD  DELETE  
NAME ULLERY, GERALD  
STREET ADDRESS 9900 S OCEAN DR  
CITY-ST-ZIP JENSEN BCH FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME LIPPERT, LOUIS C  
STREET ADDRESS 9900 S OCEAN DR  
CITY-ST-ZIP JENSEN BCH FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME FOLEY, DAVID SR  
STREET ADDRESS 9900 S. OCEAN DR.  
CITY-ST-ZIP JENSEN BCH FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME SWEETMAN, WILLIAM  
STREET ADDRESS 9900 S OCEAN DR  
CITY-ST-ZIP JENSEN BEACH FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/13/99 561229 0139

CR2E037 (1/98)