

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 746197 (3)  
1. Corporation Name  
OCEANS FOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 3003 SOUTH ATLANTIC AVENUE, DAYTONA BEACH SHORES FL 32118  
Mailing Address: 3003 SOUTH ATLANTIC AVENUE, DAYTONA BEACH SHORES FL 32118

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	03/12/1979	05/01/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2067985	Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	29	30
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent  
JURGENSEN, DONNA D.  
3003 S. ATLANTIC AVE., UNIT 8C5  
DAYTONA BCH SHORES FL 32118

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: *Donna D. Jurgensen* DATE: April 19, 1996

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGINELLI, ANGELO	1.2 NAME	MANGINELLI, ANGELO
STREET ADDRESS	3003 S. ATLANTIC AVE., APT. 17A2	1.3 STREET ADDRESS	3003 S. ATLANTIC AVE., APT 17A2
CITY-ST-ZIP	DAYTONA BCH SHRS FL	1.4 CITY-ST-ZIP	DAYTONA BCH. SHORES FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, HOWARD	2.2 NAME	WHITE, BENARD
STREET ADDRESS	3003 S. ATLANTIC AVE., UNIT 17A2	2.3 STREET ADDRESS	3003 S. ATLANTIC AVE., UNIT 5C6
CITY-ST-ZIP	DAYTONA BCH. SHORES FL	2.4 CITY-ST-ZIP	DAYTONA BCH. SHORES FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN, BERNARD B.	3.2 NAME	
STREET ADDRESS	3003 S ATLANTIC AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JURGENSEN, DONNA D	4.2 NAME	
STREET ADDRESS	3003 S ATLANTIC AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHRS FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, ELEANOR	5.2 NAME	
STREET ADDRESS	3003 S. ATLANTIC AVE., UNIT 2C5	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORES FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAMES	6.2 NAME	
STREET ADDRESS	3003 S. ATLANTIC AVE. UNIT 11C6	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH SHORES FL	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: *Donna D. Jurgensen* DATE: April 19, 1996 DAYTIME PHONE #: 788-3003

CR2E037 (12/95)