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**Mar 06 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 746197 (3)

1. Corporation Name
OCEANS FOUR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3003 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118	3003 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118-6149

3. Date Incorporated or Qualified 03/12/1979	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2067985	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Country	29 Zip	30 Country
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JURGENSEN, DONNA D. 3003 S. ATLANTIC AVE., UNIT 8C5 DAYTONA BCH SHORES FL 32118	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANGINELLI, ANGELO	1.2 NAME	
STREET ADDRESS	3003 S. ATLANTIC AVE., APT . 17A2	1.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH SHRS FL	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, BENARD	2.2 NAME	
STREET ADDRESS	3003 S. ATLANTIC AVE., UNIT 5C8	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH. SHORES FL	2.4 CITY - ST - ZIP	
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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
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 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, changed, or on an attachment with an address.

SIGNATURE: Donna D. Jurgensen Date: 2/27/97 904-788-3003

CP2E037 (9/96)