


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90091 050 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746197**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/12/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2067985
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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: *Donna D. Jurgensen* (NOTE: Registered Agent signature required when reinstating) DATE: Feb 24, 1999

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	WALEGA, ROBERT J.	2.2 NAME	
STREET ADDRESS	3003 S. ATLANTIC AVENUE, UNIT 15-B3	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	DD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLINKA, ROSEMARIE	3.2 NAME	DOLINKA, ROSEMARIE
STREET ADDRESS	3003 S. ATLANTIC AVE, UNIT 20-C5	3.3 STREET ADDRESS	3003 S. ATLANTIC AVE Unit 20C5
CITY-ST-ZIP	DAYTON BEACH SHORES FL 32118	3.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118
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	TB <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	WALTER TOM BEAM
STREET ADDRESS		5.3 STREET ADDRESS	3003 S. ATLANTIC AVE UNIT 2B3
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118
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 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: *Donna D. Jurgensen* SIGNATURE REQUIRED DATE: Feb 24, 1999 (904) 788-3003

CR2E037 (1/198)