

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **748139** (3)

1. Corporation Name  
**OCEAN MIST OWNERS ASSOCIATION, INC.**



Principal Place of Business: 302 LINCOLN AVE HOUSE BOX #15 CAPE CANAVERAL FL 32920-0803  
Mailing Address: 302 LINCOLN AVE HOUSE BOX #15 CAPE CANAVERAL FL 32920-0803

3. Date Incorporated or Qualified: **07/19/1979**  
3a. Date of Last Report: **02/13/1995**  
4. FEI Number: **59-1968756**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**MOLINE, DOUGLAS J**  
**7409 RIDGEWOOD AVE**  
**UNIT #10 X**  
**CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): **302 Lincoln Ave. # 10**  
83  
84 City  
85 Zip Code: **FL**

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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, KENNETH	
STREET ADDRESS	302 LINCOLN AVE., #8	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MITCHELL, JERRY	
STREET ADDRESS	302 LINCOLN AVE., #3	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MITCHELL, JERRY	
STREET ADDRESS	302 LINCOLN AVE., #	
CITY-ST-ZIP	CAPE CANAVERAL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, MAUREEN	
STREET ADDRESS	1980 N ATLANTIC AVE., #624	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Douglas J. Moline	
1.3 STREET ADDRESS	302 Lincoln Ave. #10	
1.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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: *Douglas J. Moline* 1-18-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)