## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

**FILED** 

Jul 17 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

1997

time in the same of the same

1. Corporation		<b>\</b> -/						
OCEAN MIST OWNERS ASSOCIATION, INC.								
Principal Place of Business Mailing Address				0 140111 16651 01661 (014) 11000 11160	1911 Oldii Eleli gibil didi	il Ginii niâli 1904		
HOUSE BOX #15 HOUSE		302 LINCOLN AVE HOUSE BOX #15 CAPE CANAVERAL FL 32920			A control of the cont			
					3. Date Incorporated or Qualified 07/19/1979	3a. Date of Last 01/25/1	1996	
2. Principal Place of Business 2a. Mailing Address		2a. Mailing Address			4. FEI Number	1	Applied For	
			<u>.                                    </u>		59-1968756		Not Applicable	
Sulte, Apt. #, etc. Suite, Apt. #, etc.		5. Certificate of Status Desi		5. Certificate of Status Desired	1 1	5 Additional Required		
City & Stat	le	City & State	-		6. Election Campaign Financing	<del></del>	May Be	
23	<u> </u>	28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Country		B. This corporation has liability for i		r s. 199,032,	
24	25 9, Name and Address of Current	29 3 Registered Agent	0		Florida Statutes  0. Name and Address of New Re	Yes No		
			Y 81 Name	-		1 0		
MOLINE	, DOUGLAS J		82 Street	Address	P. Ø Box Number is Not Acceptab	ug las	45	
302 LIN	COLN AVE 10		×	15	Calumbia	Drus	) 339	
UNIT #			83 (6	ape	Canallero	1. FL	-	
CAPE C	CANAVERAL FL 32920		X 84 City	1	-3:19()2.14	85 Zi	p Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508. Florida Statutes	7	d corpora	tion submits this statement for the p	FL Surpose of changing	32920	
office or a	to the provisions of Sections 617,0502 registered agent, or both, in the State cam familiar with, and accept the obligat	of Florida, Such change was autiens of Section 617,0503. Florida	thorized by the cor	poration'	s board of directors. I hereby accep	of the appointment	as registered	
SIGNATURE		2 10 01, 00011011 0 1710000, 110111	da Stataloo.		41	12/97	<b>'</b>	
• ^	Signature, typed or printed name of registered agent		Registered Agent signature	e required w		DATE		
12. TITLE	OFFICERS AND	DIRECTORS DELETE	13.	1124	HOOG, ROBERT-	ERS AND DIRECTO		
NAME	MOLINE, DOUGLAS J.	the percie	1.2 NAME		110 Jefferson C		3 LEP MODILION	
STREET ADDRESS	802 LINCOLN AVENUE 10	/	1.3 STREET ADDRESS	1		-	20	
CITY-ST-ZIP	ÇAPE CANAVERAL FL		1.4 CITY - ST - ZIP		ape Canaveral, 1	-2 ) - 1 -		
TITLE	VPD	<b>☑</b> DELETE	2.1 TITLE PALO.	<b>(</b> 1,	ex Williams	Change	e Addition	
NAME	· MITCHELL, JERRY	/	2.2 NAME	nam	nat landic au-	e		
STREET ADDRESS	302-LINCOLN-AVE; #3   OAPE CANAVERAL FL		2.3 STREET ADDRESS	17.80	coa Bearly 71	32931	ار	
CITY-ST-ZIP TITLE	VP VP	DELETE	2.4 CITY-ST-ZIP		neth Douglas.	Change	Addition	
NAME	MITCHELL, JERRY	<i>y</i> -2 ******	3.2 NAME	Park	-4-672 415 Call	/. <del></del>	Luite	
STREET ADDRESS	302 LINCOLN AVE., #		3.3 STREET ADDRESS	COG	mein DR		11 207	
City-St-zip	CAPE CANAVERAL FL		3.4. CHTY-ST-ZIP	cape	Canaveras, +1	32920		
TITLE	STD PD	☐ DELETE	4.1 TITLE DI 12	1-10	yd Griffith,	Change	e 🖫 Addition	
NAME	WILLIAMS, MAUREEN		4. 2 NAME	221		DR		
STREET ADDRESS CITY-ST-ZIP	1980 N ATLANTIC AVE., #624 COCOA BCH. FL		4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Coco	a, 71, 32922	•	,	
TITLE VP		oth DELETE#309	5.1 TITLE	-	·	Change	e L Addition	
NAME	Douglas, Kenn Popox 872 815		5.2 NAME			- •		
STREET ADDRESS			5.3 STREET ADDRESS	1				
CITY-ST-ZIP	Cape Canaveral,	rl, 31420	5.4 CITY - ST - ZIP	ļ		——————————————————————————————————————		
TITLE DIR	Griffith, LLCYD	DELETE	6.1 TITLE			L Change	e Maddition	
NAME STREET ADDRESS	22 13 C/a/Re no	ntdr	6.2 NAME 6.3 STREET ADDRESS					
CITY-ST-ZIP	Cocoa, FL. 329	<b>32</b>	6.4 CITY-ST-ZIP					
14. I do here	by certify that the information supplied	with this filing does not qualify t	for the exemption s					
1 am an o	on indicated on this annual report or su difficer or director of the corporation or the in Block 12 or Block 13 if changed, or or	ne receiver or trustee empower on an attachment with an addre	ed to execute this ress.	that my report as	signature shall have the same legal required by Chapter 617, Florida St	effect as if made utatutes; and that my	inder oath; that iname	
	A // rudes	a mare a mar port process and a	t a first production		14 / 10/	177		