


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 12 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 # 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			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/19/1979	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		3a. Date of Last Report 01/25/1996	
City & State 23		City & State 28		4. FEI Number 59-1968756	
Zip 24		Country 25		Applied For Not Applicable	
Country 29		Zip 30		5. Certificate of Status Desired \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent MOLINE, DOUGLAS J 302 LINCOLN AVE 10 UNIT #110 CAPE CANAVERAL FL 32920		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE			
NAME	MOLINE, DOUGLAS J.				
STREET ADDRESS	302 LINCOLN AVENUE 10				
CITY-ST-ZIP	CAPE CANAVERAL FL				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	MITCHELL, JERRY				
STREET ADDRESS	302 LINCOLN AVE, #3				
CITY-ST-ZIP	CAPE CANAVERAL FL				
TITLE	VP	<input checked="" 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 12					
1.1 TITLE	PRESIDENT/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	MAUREEN K. WILLIAMS				
1.3 STREET ADDRESS	1980 N. Atlantic Ave. #622				
1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931				
2.1 TITLE	VP/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	LLOYD GRIFFITH				
2.3 STREET ADDRESS	2213 Clairemont Dr.				
2.4 CITY-ST-ZIP	Cocoa, FL 32922				
3.1 TITLE	SEC/TREA/Dir.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
3.2 NAME	KENNETH S. DOUGLAS				
3.3 STREET ADDRESS	PO Box 872 (N/A)				
3.4 CITY-ST-ZIP	Cape Canaveral, FL 32920-872				
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 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.

SIGNATURE
SIGNATURE REQUIRED

CR2E037 (497)