

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/19/1979	
4. FEI Number 59-1968756	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 25
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 29
Country 25	Zip 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DOUGLAS, KENNETH
615 COLUMBIA DR 309
UNIT #110
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent
**81 Name ERNEST Stokes
82 Street Address (P.O. Box Number Is Not Acceptable) 7620 Simms Ave
83
84 City ORLANDO FL 85 Zip Code 32812**

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 *Ernest Stokes* (NOTE: Registered Agent signature required when reinstating) DATE **4/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME WILLIAMS, MAUREEN K	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD
STREET ADDRESS 1980 N. ATLANTIC AVE. #622	CITY-ST-ZIP COCOA BEACH FL 32931		1.2 NAME ERNEST Stokes
			1.3 STREET ADDRESS 7620 Simms Ave
			1.4 CITY-ST-ZIP Orlando, FL 32812
TITLE VD	NAME GRIFFITH, LLOYD	<input type="checkbox"/> DELETE	2.1 TITLE
STREET ADDRESS 2213 CLAIREMONT DR	CITY-ST-ZIP COCOA FL 32922		2.2 NAME
			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE STD	NAME DOUGLAS, KENNETH S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE STD
STREET ADDRESS P.O. BOX 872 N/A	CITY-ST-ZIP CAPE CANAVERAL FL 32920-872		3.2 NAME Carolyn Browning
			3.3 STREET ADDRESS 302 Lincoln Ave #11
			3.4 CITY-ST-ZIP Cape Canaveral, FL 32920
TITLE	NAME	<input type="checkbox"/> DELETE	4.1 TITLE D
STREET ADDRESS	CITY-ST-ZIP		4.2 NAME Robert Hoog
			4.3 STREET ADDRESS 210 Jefferson Ave
			4.4 CITY-ST-ZIP Cape Canaveral, FL 32920
TITLE	NAME	<input type="checkbox"/> DELETE	5.1 TITLE
STREET ADDRESS	CITY-ST-ZIP		5.2 NAME
			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE	NAME	<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP		6.2 NAME
			6.3 STREET ADDRESS
			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.

SIGNATURE: *Ernest Stokes* DATE: **4/21/98** (407) 799-0345

CR2E037 (10/97)