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May 13 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 # **749583** **(1)**

1. Corporation Name
OCEAN WINDS, INC.

Principal Place of Business	Mailing Address
COSMAC, INC 507 HERBERT ST. D. PORT ORANGE FL 32119 US	COSMAC, INC 507 HERBERT ST. D. PORT ORANGE FL 32119-3829 US

3. Date Incorporated or Qualified: 10/30/1979
3a. Date of Last Report: 04/15/1996

2. Principal Place of Business
21 OCEAN WINDS CONDO
Suite, Apt. #, etc.
22 2101 N. ATLANTIC AVE.
City & State
23 DAYTONA BEACH, FL
Zip 24 32118 Country 25 VOLUSIA

2a. Mailing Address
26 % ATLANTIC COMM. ASSOC. MGMT. & ACC., INC.
Suite, Apt. #, etc.
27 507 HERBERT ST., SUITE C
City & State
28 PORT ORANGE, FL
Zip 29 FL 32119 Country 30 VOLUSIA

4. FEI Number: 59-2026375 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

REIMER, R L
507 HERBERT ST, SUITE D
C/O COSMAC, INC.
PORT ORANGE FL 32119

10. Name and Address of New Registered Agent

81 Name: REIMER, R. L.
82 Street Address (P.O. Box Number is Not Acceptable): 507 HERBERT ST., SUITE C
83 % ATLANTIC COMM. ASSOC. MGMT. & ACC., INC.
84 City: PORT ORANGE, FL FL 85 Zip Code: 32119

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: R.L. Reimer R.L. REIMER As Agent DATE: 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	MANDELL, LOIS		1.2 NAME	MANDELL, LOIS	
STREET ADDRESS	2101 N. ATL. AVE., #10		1.3 STREET ADDRESS	2101 N. ATLANTIC AVE. #10	
CITY-ST-ZIP	DAYTONA BCH, FL 00000		1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	PD	☐ DELETE	2.1 TITLE	S T D	☒ Change ☐ Addition
NAME	GIAMBONA, FRANK		2.2 NAME	GIAMBONA, FRANK	
STREET ADDRESS	2101 N. ATL. AVE. #4		2.3 STREET ADDRESS	2101 N. ATLANTIC AVE. #4	
CITY-ST-ZIP	DAYTONA BCH, FL 00000		2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	STONE, SAMUEL		3.2 NAME	STONE, SAMUEL	
STREET ADDRESS	2101 N. ATLANTIC AVE		3.3 STREET ADDRESS	2101 N. ATLANTIC AVE. #23	
CITY-ST-ZIP	DAYTONA BEACH FL		3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GILL, VIRGINIA		4.2 NAME		
STREET ADDRESS	2101 N ATLANTIC AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GIAMBONA, LORETTA		5.2 NAME		
STREET ADDRESS	2101 N ATLANTIC AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Lois Mandell Lois Mandell, Pres. 4/6/97 (904) 255-6135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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