

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				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 OCEAN WINDS CONDO 2101 N. ATLANTIC AVE DAYTONA BEACH FL 32118 US			Mailing Address ATLANTIC COMM ASSOC MGMT & ACC. INC. 507 HERBERT ST., STE C PORT ORANGE FL 32119 US																																																																																																																																																		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29																																																																																																																																																		
3. Date Incorporated or Qualified 10/30/1979			4. FEI Number 59-2026375																																																																																																																																																		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																																																																																																																																																		
7. Is this nonprofit corporation a homeowners association? CONDOMINIUM ☒ Yes ☐ No			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No																																																																																																																																																		
9. Name and Address of Current Registered Agent REIMER, R L 507 HERBERT ST, SUITE D ATLANTIC COMM ASSOC MGMT & ACC INC. PORT ORANGE FL 32119			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) SUITE C 83 84 City FL 85 Zip Code																																																																																																																																																		
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																																																																																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">VD</td> <td style="width: 10%; text-align: center;">☐ DELETE</td> <td style="width: 10%;">1.1 TITLE</td> <td style="width: 30%;">S/T/D</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>MANDELL, LOIS</td> <td></td> <td>1.2 NAME</td> <td>MANDELL, LOIS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 N. ATL. AVE., #10</td> <td></td> <td>1.3 STREET ADDRESS</td> <td>2101 N. ATLANTIC AVE. #10</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BCH, FL 00000</td> <td></td> <td>1.4 CITY - ST - ZIP</td> <td>DAYTONA BEACH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td style="text-align: center;">☐ DELETE</td> <td>2.1 TITLE</td> <td>P/D</td> <td style="text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GIAMBONA, FRANK</td> <td></td> <td>2.2 NAME</td> <td>GIAMBONA, FRANK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 N. ATL. AVE. #4</td> <td></td> <td>2.3 STREET ADDRESS</td> <td>2101 N. ATLANTIC AVE. #4</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BCH, FL 00000</td> <td></td> <td>2.4 CITY - ST - ZIP</td> <td>DAYTONA BEACH, FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;">☒ DELETE</td> <td>3.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>STONE, SAMUEL</td> <td></td> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 N. ATLANTIC AVE</td> <td></td> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH FL</td> <td></td> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ DELETE</td> <td>4.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GILL, VIRGINIA</td> <td></td> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 N ATLANTIC AVE</td> <td></td> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH FL</td> <td></td> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: center;">☐ DELETE</td> <td>5.1 TITLE</td> <td></td> <td style="text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>GIAMBONA, LORETTA</td> <td></td> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2101 N ATLANTIC AVE</td> <td></td> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DAYTONA BEACH FL</td> <td></td> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;">☐ DELETE</td> <td>6.1 TITLE</td> <td>V/P/D</td> <td style="text-align: center;">☐ Change ☒ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>6.2 NAME</td> <td>MILLER, GERRY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>6.3 STREET ADDRESS</td> <td>2101 N. ATLANTIC AVE. #1</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>6.4 CITY - ST - ZIP</td> <td>DAYTONA BEACH, FL</td> <td></td> </tr> </table>						TITLE	VD	☐ DELETE	1.1 TITLE	S/T/D	☒ 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		TITLE	STD	☐ DELETE	2.1 TITLE	P/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		TITLE	PD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition	NAME	STONE, SAMUEL		3.2 NAME			STREET ADDRESS	2101 N. ATLANTIC AVE		3.3 STREET ADDRESS			CITY - ST - ZIP	DAYTONA BEACH FL		3.4 CITY - ST - ZIP			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	V/P/D	☐ Change ☒ Addition	NAME			6.2 NAME	MILLER, GERRY		STREET ADDRESS			6.3 STREET ADDRESS	2101 N. ATLANTIC AVE. #1		CITY - ST - ZIP			6.4 CITY - ST - ZIP	DAYTONA BEACH, FL	
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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: Lois Mandell <i>Lois Mandell</i> 4/4/98 255-6135 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0002442																																																																																																																																																					

CR2E037 (10/97)