

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **750583** (7)

1. Corporation Name

**OCEAN RESIDENCE SOUTH HOMEOWNERS' ASSOCIATION, I
NC.**



Principal Place of Business

Mailing Address

% DAVID W. DYER, ESQ.
~~201 N. RIVERSIDE DR.~~
~~INDIALANTIC FL 32903~~

% DAVID W. DYER, ESQ.
~~2200 FRONT ST.~~
~~MELBOURNE FL 32907~~
~~US~~

3. Date Incorporated or Qualified

01/11/1980

3a. Date of Last Report

02/01/1995

4. FEI Number

59-2901333

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

2. Principal Place of Business

21 **325 5th Ave.**

Suite, Apt. #, etc.

22

City & State

23 **INDIALANTIC, FLA**

Zip

24 **32903**

Country

25 **USA**

2a. Mailing Address

26 **325 5th Ave.**

Suite, Apt. #, etc.

27

City & State

28 **INDIALANTIC, FLA**

Zip

29 **32903**

Country

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DYER, DAVID W., ESQUIRE
~~201 N. RIVERSIDE DR.~~
~~INDIALANTIC FL 32903~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO** ☐ DELETE

NAME **KING, DANIEL L.**
STREET ADDRESS **953 NORTH A1A**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ DELETE

NAME **DETWILER, BETTY**
STREET ADDRESS **957 N. HWY. A1A**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE **D** ☐ DELETE

NAME **LIDDY, MARJORIE**
STREET ADDRESS **959 N. A1A HWY.**
CITY-ST-ZIP **INDIALANTIC FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Daniel L. King* **DANIEL L. KING.**

5/26/96

407-676-2206

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)