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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757258

1. Corporation Name
OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. II, INC.

Principal Place of Business
 100 OCEAN TRAIL WAY
 JUPITER FL 33477

Mailing Address
 100 OCEAN TRAIL WAY
 #100
 JUPITER FL 33477
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/17/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2098366	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARNES, JAMES H. 100 OCEAN TRAIL WAY #109 JUPITER FL 33477				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PALASHIS, PETER	1.2 NAME	SCHWAB, JACK
STREET ADDRESS	100 OCEAN TR WAY	1.3 STREET ADDRESS	100 OCEAN TRAIL WAY
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	JUPITER FL
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, GEORGE	2.2 NAME	
STREET ADDRESS	100 OCEAN TR WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, DAVID	3.2 NAME	
STREET ADDRESS	100 OCEAN TR WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, CARL	4.2 NAME	
STREET ADDRESS	100 OCEAN TRAIL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLECHER, JEROME	5.2 NAME	
STREET ADDRESS	100 OCEAN TR WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISBY, BETSY	6.2 NAME	
STREET ADDRESS	100 OCEAN TR WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, FL 00000	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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/8/99

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)