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 # 762772 (2)

1. Corporation Name

THE OCEAN BEACH CLUB TIME SHARE OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
351 OCEAN DR. E. P.O. BOX 3387 KEY COLONY BEACH. FL. MARATHON SHORES FL 33052	351 OCEAN DR. E. P.O. BOX 3387 KEY COLONY BEACH. FL. MARATHON SHORES FL 33052

3. Date Incorporated or Qualified 04/07/1982	3a. Date of Last Report 04/24/1995

2. Principal Place of Business	21		2a. Mailing Address	26		4. FEI Number **NOT APPLICABLE**	Applied For / Not Applicable
Suite, Apt. #, etc.	22		Suite, Apt. #, etc.	27		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State	23		City & State	28		6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip	24	Country 25	Zip	29	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
DEMARAS, VICTOR 1324 COCO PLUM RD. MARATHON FL 33050	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	TD	☐DELETE	1.1 TITLE PTD	☒ Change	☐ Addition
NAME	DEMARAS, VICTOR		1.2 NAME		
STREET ADDRESS	1324 COCO PLUM RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐DELETE	2.1 TITLE S	☒ Change	☐ Addition
NAME	DEMARAS, SUE		2.2 NAME		
STREET ADDRESS	1324 COCO PLUM DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐DELETE	3.1 TITLE VD	☒ Change	☐ Addition
NAME	DEMARAS, PETER		3.2 NAME		
STREET ADDRESS	1260 52ND ST GULF		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARATHON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME	Jack Glunz		4.2 NAME		
STREET ADDRESS	351 Ocean Dr. E.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Key Colony Beach, FL 33051		4.4 CITY-ST-ZIP		
TITLE	D	☐DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME	Frank Berdan		5.2 NAME		
STREET ADDRESS	351 Ocean Dr. E.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Key Colony Beach, FL 33051		5.4 CITY-ST-ZIP		
TITLE	D	☐DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME	Ed Leonard		6.2 NAME		
STREET ADDRESS	351 Ocean Dr. E.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Key Colony Beach, FL 33051		6.4 CITY-ST-ZIP		

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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: _____ Victor DeMaras
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #