

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 # **765272** (0)

1. Corporation Name

OCEAN CLUB I CONDOMINIUM ASSOC., INC. OF ST. AUGUSTINE BEACH



Principal Place of Business

Mailing Address

**11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32084**

**11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32084**

3. Date Incorporated or Qualified
10/04/1982

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21 *Same as above*

26

4. FEI Number

59-2256951

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

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

**MATHISEN, ROBERT
11 DONDANVILLE ROAD #6
ST. AUGUSTINE FL 32084**

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

Sandra Geib

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	# D	<input type="checkbox"/> DELETE
NAME	BAGGSTROM, HARRY	
STREET ADDRESS	11 DONDANVILLE #43	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHISEN, ROBERT	
STREET ADDRESS	11 DONDANVILLE #6	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KYLANDER, ROY	
STREET ADDRESS	11 DONDANVILLE #44	
CITY - ST - ZIP	ST. AUGUSTINE BCH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	STAPLETON, JAMES	
STREET ADDRESS	11 DONDANVILLE #17	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCNALLY, MAE	
STREET ADDRESS	11 DONDANVILLE #26	
CITY - ST - ZIP	ST AUGUSTINE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEIB SANDRA	
STREET ADDRESS	11 DONDANVILLE ROAD	
CITY - ST - ZIP	ST AUGUSTINE FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	5 BLACKWATCH TRAIL	
3.3 STREET ADDRESS	FAIRPORT, NY - 14450	
3.4 CITY - ST - ZIP		
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1306 E SCHWARTZ BLVD	
4.3 STREET ADDRESS	LADY LAKE, FL 32159	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)