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Feb 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765272 (0)

1. Corporation Name

OCEAN CLUB I CONDOMINIUM ASSOC., INC. OF ST. AUG
USTINE BEACH

Principal Place of Business

Mailing Address

11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 3208411 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32084-74083. Date Incorporated or Qualified
10/04/19823a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-2256951Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

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 D ☐ DELETE
NAME BAGGSTROM, HARRY
STREET ADDRESS 11 DONDANVILLE #43
CITY-ST-ZIP ST AUGUSTINE FL1.1 TITLE Vice President ☒ Change ☐ Addition
1.2 NAME James Hussman
1.3 STREET ADDRESS 2430 Foot Bridge Lane
1.4 CITY-ST-ZIP Jacksonville, Florida 32224TITLE PD ☐ DELETE
NAME MATHISEN, ROBERT
STREET ADDRESS 11 DONDANVILLE #6
CITY-ST-ZIP ST AUGUSTINE FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME KYLANDER, ROY
STREET ADDRESS SBLACKWATCH TRAIL
CITY-ST-ZIP FAIRPORT NY3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE S ☒ DELETE
NAME STAPLETON, JAMES
STREET ADDRESS 1306 E SCHWARTZ BLVD
CITY-ST-ZIP LADY LAKE FL4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME Beverly Fraser
4.3 STREET ADDRESS 11 Dondanville Road, unit #27
4.4 CITY-ST-ZIP St. Augustine, FL 32084TITLE D ☒ DELETE
NAME MCNALLY, MAE
STREET ADDRESS 11 DONDANVILLE #26
CITY-ST-ZIP ST AUGUSTINE FL5.1 TITLE Secretary ☒ Change ☐ Addition
5.2 NAME Michael Peil
5.3 STREET ADDRESS 205 Oak Shores Drive
5.4 CITY-ST-ZIP McDonough, GA 30253TITLE T ☐ DELETE
NAME GEIB SANDRA
STREET ADDRESS 11 DONDANVILLE ROAD
CITY-ST-ZIP ST AUGUSTINE FL6.1 TITLE President ☐ Change ☐ Addition
6.2 NAME Robert MATHISEN
6.3 STREET ADDRESS 11 DONDANVILLE RD.
6.4 CITY-ST-ZIP St. Augustine

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb-3-97

CR2E037 (9/96)