

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Motham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765272** (0)  
1. Corporation Name  
**OCEAN CLUB I CONDOMINIUM ASSOC., INC. OF ST. AUGUSTINE BEACH**



Principal Place of Business <b>11 DONDANVILLE RD. UNIT 3 ST AUGUSTINE FL 32084</b>	Mailing Address <b>11 DONDANVILLE RD. UNIT 3 ST AUGUSTINE FL 32084</b>
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3. Date Incorporated or Qualified <b>10/04/1982</b>
4. FEI Number <b>59-2256951</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <i>AS Above</i>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <i>AS Above</i>
<b>22</b> City & State <i>AS Above</i>	<b>27</b> City & State <i>AS Above</i>
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>MATHISEN, ROBERT 11 DONDANVILLE ROAD #6 ST. AUGUSTINE FL 32084</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <i>BEVERLY FRASER</i> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <i>11 Dondanville Rd, #27</i> <b>83</b> <i>St. Augustine, FL, 32084</i> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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 *Beverly Fraser* *Fraser* **3/11/98**  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BAGGSTROM, HARRY <i>vice president D</i> <input type="checkbox"/> DELETE <b>11 DONDANVILLE #43 ST AUGUSTINE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> MATHISEN, ROBERT <input checked="" type="checkbox"/> DELETE <b>11 DONDANVILLE #6 ST AUGUSTINE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> KYLANDER, ROY <input checked="" type="checkbox"/> DELETE <b>SBLACKWATCH TRAIL FAIRPORT NY</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D + Fraser - D</b> FRASER, BEVERLY <input type="checkbox"/> DELETE <b>11 DONDANVILLE RD, UNIT #27 ST AUGUSTINE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> PEIL, MICHAEL <input type="checkbox"/> DELETE <b>205 OAK SHORES DR MCDONOUGH GA</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GEIB SANDRA</b> <input type="checkbox"/> DELETE <b>11 DONDANVILLE ROAD ST AUGUSTINE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kon Nickerson</b> <b>11 Dondanville Rd, #10</b> <b>St. Augustine, FL, 32084</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joseph WABERHAM</b> <b>11 Dondanville Rd, #25</b> <b>St. Augustine, FL 32084</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Jim Horman</b> <b>11 Dondanville Rd, #19</b> <b>St. Augustine FL 32084</b> <i>President D</i>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Beverly Fraser* **1/22/97**

CP2E037 (10/97)