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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765272

1. Corporation Name

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

Principal Place of Business

11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32084

Mailing Address

11 DONDANVILLE RD.
UNIT 3
ST AUGUSTINE FL 32084



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	10/04/1982
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2256951
24 Country	29 Country	Applied For
	30 Country	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FRASER, BEVERLY
11 DONDANVILLE RD
#27
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name **BAUER MARGARET**
82 Street Address (P.O. Box Number is Not Acceptable)
11 DONDANVILLE ROAD
83 **#5**
84 City **ST. AUGUSTINE** FL 85 Zip Code **32084**

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 Margaret Bauer **MARGARET BAUER TREASURER** 3/10/99
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BAGGSTROM, HARRY	1.2 NAME	
STREET ADDRESS	11 DONDANVILLE #43	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D NICKERSON, KEN	2.2 NAME	
STREET ADDRESS	11 DONDANVILLE RD. #10	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WAREHAM, JOSEPH	3.2 NAME	PO JAMES HUSSMANN
STREET ADDRESS	11 DONDANVILLE RD. #25	3.3 STREET ADDRESS	2430 FOOT BRIDGE LANE
CITY-ST-ZIP	FAIRPORT NY 32084	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD FRASER, BEVERLY	4.2 NAME	TD MARGARET BAUER
STREET ADDRESS	11 DONDANVILLE RD. UNIT #27	4.3 STREET ADDRESS	11 DONDANVILLE RD #5
CITY-ST-ZIP	ST AUGUSTINE FL	4.4 CITY-ST-ZIP	ST AUGUSTINE FL 32084
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD PEIL, MICHAEL	5.2 NAME	D JOSEPH HARTLEY
STREET ADDRESS	205 OAK SHORES DR	5.3 STREET ADDRESS	1742 JANSBERRY DR.
CITY-ST-ZIP	MCDONOUGH GA	5.4 CITY-ST-ZIP	BEAVER CREEK, OH 45432
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GEIB SANDRA	6.2 NAME	
STREET ADDRESS	11 DONDANVILLE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL	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: Margaret Bauer **MARGARET BAUER** 3/10/99 904 471 5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)