

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **G06300**

(9)

OCEAN HARBOUR VIEW, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

REMITTED BY MAIL
-1 AM 11:26

1. Principal Office Address 201 FISHERMANS WHARF FT PIERCE FL 34950-9112		2a. Mailing Address 201 FISHERMANS WHARF FT. PIERCE FL 34950-9112		3. Date of Incorporation (in 2 digits) 10/28/1982		3a. Date of Last Report 04/25/1994	
2. Principal Office Address 21		2a. Mailing Address 26		4. FEI Number 59-2770639		Applied For Not Applicable	
22. State Agent 22		27. State Agent 27		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. City & State 23		28. City & State 28		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. City & State 24		25. City & State 25		29. City & State 29		30. City & State 30	

9. Name and Address of Current Registered Agent ZODA, SANTO J 2400 S. OCEAN DR., #S FT. PIERCE FL 33450				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is best Acceptable)			
83.				84. City			
85. State				86. Zip Code			
11. Pursuant to the provisions of Sections 218.01 and 218.02, Florida Statutes, the above request corporation submit the statement for the purpose of changing its registered office or registered agent of record in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby, to accept the appointment as registered agent. I am <i>Santo Joda</i> SIGNATURE H-18-94							

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	VP ZODA, RITA 201 FISHERMAN'S WHARF FT PIERCE FL	1. NAME	☐ Change ☐ Addition
NAME	P ZODA, SANTO 201 FISHERMAN'S WHARF FT PIERCE FL	2. NAME	☐ Change ☐ Addition
NAME	V ZODA, JOHN 1425 33RD AVE. S.W. VERO BCH. FL	3. NAME	☐ Change ☐ Addition
NAME	V ZODA, JAMES 8430 HIDDEN PINES RD. FT. PIERCE FL	4. NAME	☐ Change ☐ Addition
NAME	T MIDDLETON, LORI 3216 1ST ST. VERO BCH. FL	5. NAME	☐ Change ☐ Addition
NAME		6. NAME	☐ Change ☐ Addition
NAME		7. NAME	☐ Change ☐ Addition
NAME		8. NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am duly qualified to execute this report as required by Chapter 217, Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature has 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 217, Florida Statutes, and that my name appears in the corporation's books or records as an officer or director of the corporation.

SIGNATURE: *Santo Joda*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
407-465-1334