**FILED** 

Mar 24, 1999 8:00 am Secretary of State

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # G37785

1. Corporation Name

OCEANS CONDOMINIUM REALTY, INC.

Principal Place of Business Mailing Address		Mailing Address				( 1984sti mann julii janii janii janii mis mis mis mis mis mis mis mis mis m
3060 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32118 US  2060 S. ATLANTIC AVE. DAYTONA BCH SHORES US			32118			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
1						05/10/1983
Principal Place of Business     2a. Mailing Address						4. FEI Number Applied For
21 26						59-2288500   Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certificate of Status Desired   \$8.75 Additional Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	28					Trust Fund Contribution Added to Fees
Zip :	Country	Zip 30	Cour	ntry		8. This corporation owes the current year Intangible Personal Property Tax.   ☐ Yes  ☐ No
9. Name and Address of Current Registered Agent				_		10. Name and Address of New Registered Agent
	<del></del>			81	Name	
HUFFMAN, DOROTHY A.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)
3060 S. ATLANTIC AVE.				02	Street Addre	655 (F.O. DOX Nullings) is Not Acceptable)
DAYTONA BCH SHORES FL 32118			Ì	83		
				84 City 85 Zip Code		
				84	City	FL B3 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.  SIGNATURE    Signature   North   Provided or crinted name of registered agent and little   I applicable.   (NOTE: Registered Agent signature required when reinstating)  DATE						
	Signature, typed or printed name of registered agent a			Agen	t signature required	
12.	OFFICERS AND	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	r —		1.2 NAME			المستور المستو
NAME	HOLLINAN, DONOTHI A.					
STREET ADDRESS 3060 S. ATLANTIC AVE					TADORESS	•
CITY-ST-ZIP	DAYTONA BCH SHORES FL		-	1.4 CITY-\$T-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	_ ···				1	
NAME	HOLLINAN, WILLIAM D.			2.2 NAME		
STREET ADDRESS	- C000 C. A. Z C Z			2.3 STREET ADDRESS		
CITY-ST-ZIP	DATIGITY BOTH GITCHES TE		.2.4 CITY-ST-ZIP		iT-ZiP	☐ Change ☐ Addition
TITLE '	531					
NAME	HOLLMAN, FESTICATION		3.2 NA			
STREET ADDRESS	3060 S. ATLANTIC AVE.				TADDRESS	Committee And Clare on the 2nd Lap
CITY-ST-ZIP	-ROSELAND NJ -	——————————————————————————————————————	3.4, CI		IT-ZIP 0 /5-	TONA BCH SHORES, FL 32118
TITLE		☐ DELETE	4.1 TIT			□ cuange □ Addition
NAME .			4. 2 NA	ME		
STREET ADDRESS	•		4.3 ST	REET	T ADDRESS	

CITY-ST-ZIP 14. Thereby 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 607. 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.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

□ DELETE

□ DELETE

Change

Change

Addition

☐ Addition