
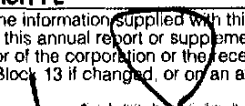


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N07196 (1)</b> 1. Corporation Name <b>OCEAN PLACE CONDOMINIUM, INC.</b>					
Principal Place of Business <b>1 TURTLE BEACH ROAD</b> <b>VERO BEACH FL 32963</b>			Mailing Address <b>1 TURTLE BEACH ROAD</b> <b>VERO BEACH FL 32963-3452</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified <b>01/21/1985</b>	
				3a. Date of Last Report <b>04/24/1996</b>	
				4. FEI Number <b>59-2650057</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>	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ROSE, MICHAEL L.</b> <b>1 TURTLE BEACH ROAD</b> <b>VERO BEACH FL 32963</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	STD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWELL, WILLIAM		1.2 NAME	Shaw, Mrs. John F.	
STREET ADDRESS	3G-1050 BEACH ROAD		1.3 STREET ADDRESS	1100 Beach Road, #3K	
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, MRS. JOHN F.		2.2 NAME	Howell, William K.	
STREET ADDRESS	3K-1100 BEACH ROAD		2.3 STREET ADDRESS	1050 Beach Road, #3G	
CITY-ST-ZIP	VERO BCH, FL 32963		2.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHAW JOHN		3.2 NAME	Chandler, Colby H.	
STREET ADDRESS	1120 BEACH RD		3.3 STREET ADDRESS	1150 Beach Road, #1L	
CITY-ST-ZIP	VERO BEACH FL		3.4 CITY-ST-ZIP	Vero Beach, FL 32963	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREAL, JAMES B		4.2 NAME		
STREET ADDRESS	1100 BEACH ROAD, APT. 1-K		4.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSE, MICHAEL L.		5.2 NAME		
STREET ADDRESS	1 TURTLE BEACH RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKER, JOHN E.		6.2 NAME		
STREET ADDRESS	1 TURTLE BEACH ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		6.4 CITY-ST-ZIP		
14. I do 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: 			Michael L. Rose April 14, 1997 561-231-1666		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone # 0020787		

CR2E037 (9/96)