

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N12877** (9)  
1. Corporation Name  
**OCEANS ATRIUM ONE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**3013 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118**

Mailing Address  
**3013 SOUTH ATLANTIC AVENUE  
DAYTONA BEACH SHORES FL 32118**

3. Date Incorporated or Qualified  
**12/26/1985**

3a. Date of Last Report  
**02/27/1995**

4. FEI Number  
**59-2807078**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

9. Name and Address of Current Registered Agent

**LEMAIRE, ROGER J  
3013 S ATLANTIC AVENUE  
SUITE 1207  
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

**81** Name **John C. Watts**  
**82** Street Address (P.O. Box Number is Not Acceptable) **3013 S. ATLANTIC AV #607**  
**83**  
**84** City **Daytona Bch Shores** **85** Zip Code **FL 32118**

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 **John C. Watts**  
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	LANTZ, EVE	2987 S ATLANTIC AVE., #1803	DAYTONA BEACH FL	<input checked="" type="checkbox"/>
SD	ADAMS, LAWRENCE	11 CUDIA CRESCENT	SCARBOROUGH ON	<input checked="" type="checkbox"/>
TD	LEMAIRE, ROGER J	3013 S ATLANTIC AVE., #1207	DAYTONA BEACH FL	<input checked="" type="checkbox"/>
VPO	CAVENAUGH, DAVE	9 UNDERWOOD DR.	SARATOGA SPGS. NY	<input checked="" type="checkbox"/>
V	KUBINSKI, LEON	606 LAGOON DR.	OVIEDO FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	John C. Watts	3013 S. ATLANTIC AV #607	Daytona Bch Shores FL 32118	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	DAVE Cavenaugh	3013 S. ATLANTIC AV #202	Daytona Bch Shores FL 32118	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Aida Morales	6215 23rd Street No.	Arlington VA 22205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPO	Speros A. Gabriel	3117 Locust Camp	Dayton OH 45419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**John C. Watts**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001233

CR2E037 (3/96)