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**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N12877**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/26/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2807078	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
**SPATOLA, ANTONINO**  
 3013 S ATLANTIC AVENUE  
 SUITE #506  
 DAYTONA BEACH SHORES FL 32118

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 Anthony Spatola, VD DATE 1-18-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DENNY, WILLIAM D.	
STREET ADDRESS	3013 S. ATLANTIC AVE #607	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLINN, ANNE LYONS	
STREET ADDRESS	3013 S. ATLANTIC AVENUE #1006	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BENEDETTO, FAYE	
STREET ADDRESS	3013 S ATLANTIC AVE., #402	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SPATOLA, ANTHONY	
STREET ADDRESS	3013 S. ATLANTIC SHORES AVENUE #506	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GYERMELI, JOHN S.	
STREET ADDRESS	5626 OAKLAND DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD & TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Morrell, John E.	
1.3 STREET ADDRESS	3013 S. Atlantic Ave #503	
1.4 CITY-ST-ZIP	Daytona Beach Shores, FL 32118	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Earl Workman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3013 S. Atlantic Ave. #1203	
3.3 STREET ADDRESS	Daytona Beach Shores, FL 32118	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Anthony Spatola DATE: 1-18-99 DAYTIME PHONE: 904/767-2996  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)