

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24937** (7)
1. Corporation Name

OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **2910 S.E. DUNE DRIVE STUART FL 34996**
Mailing Address: **2910 S.E. DUNE DRIVE STUART FL 34996**

3. Date Incorporated or Qualified: **02/22/1988**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country 30

4. FEI Number: **65-0097997**
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

9. Name and Address of Current Registered Agent
**BODEM, LOREN MR.
815 COLORADO AVENUE
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	TD SKINNER, ROBERT	<input checked="" type="checkbox"/> DELETE
NAME	2910 SE DUNE DR. STUART FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD LEIBSON, IRVING	<input checked="" type="checkbox"/> DELETE
NAME	2910 S.E. DUNE DR. STUART FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D SAWYER, PAUL	<input checked="" type="checkbox"/> DELETE
NAME	2910 SE DUNE DR. STUART FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D MARKO, HAROLD	<input checked="" type="checkbox"/> DELETE
NAME	2910 SE DUNE DR. STUART FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D LUTZ, RICHARD	<input checked="" type="checkbox"/> DELETE
NAME	2910 SE DUNE DR. STUART FL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P AWAD-YOCOM, JACQUELINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	2910 SE DUNE DR STUART, FL	
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	TD COSTER, EWARD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	2910 SE DUNE DR STUART, FL	
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SD ORR, JANET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	2910 SE DUNE DR STUART, FL	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	D CHILDRESS, LINWOOD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	2910 SE DUNE DR STUART, FL	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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: Jacqueline Awad-Yocom JACQUELINE AWAD-YOCOM 407-225-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)