


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24937 (7)**  
1. Corporation Name  
**OCEAN ISLE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2910 S.E. DUNE DRIVE STUART FL 34996</b>	Mailing Address <b>2910 S.E. DUNE DRIVE STUART FL 34996</b>
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3. Date Incorporated or Qualified <b>02/22/1988</b>		
4. FEI Number <b>65-0097997</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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	28 Zip Country
24	25
29	30

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	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	P	<input checked="" type="checkbox"/> DELETE
NAME	AWAD-YOCOM, JACQUELINE	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	COSTER, EDWARD	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ORR, JANET	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHILDRESS, LINWOOD	
STREET ADDRESS	2910 SE DUNE DR	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MANNER, SUSAN	
STREET ADDRESS	2910 SE DUNE DR.	
CITY-ST-ZIP	STUART FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EDWARD COSTER	
1.3 STREET ADDRESS	2910 SE DUNE DR	
1.4 CITY-ST-ZIP	STUART, FL. 34996	
2.1 TITLE	MORTON SEAMAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2910 SE DUNE DR	
2.3 STREET ADDRESS	STUART FL. 34996	
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR-TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KENNETH HEESLER	
3.3 STREET ADDRESS	2910 SE DUNE DR.	
3.4 CITY-ST-ZIP	STUART FL. 34996	
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	DIRECTOR-SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOYCE KING	
5.3 STREET ADDRESS	2910 SE DUNE DR	
5.4 CITY-ST-ZIP	STUART FL. 34996	
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.

SIGNATURE: *Edward Livingston Coster* Edward Livingston Coster 4/2/98 561225-2900

CR2E037 (10/97)