

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29758 (2)
1. Corporation Name
OCEAN HOUSE AT INDIAN RIVER PLANTATION CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 662 NE OCEAN BLVD STUART FL 34996 US		Mailing Address 662 N.E. OCEAN BLVD. STUART FL 34996 US		3. Date Incorporated or Qualified 12/16/1988	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 66-0097379	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent KAZMIER, TIMOTHY D. 662 N.E. OCEAN BLVD. STUART FL 34996				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	

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: *[Signature]* DATE: **4/13/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHINER, HARVEY	1.2 NAME	D
STREET ADDRESS	662 N.E. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST SCHAFFER, HAL	2.2 NAME	SD RICHIE, ROY
STREET ADDRESS	662 N.E. OCEAN BLVD.	2.3 STREET ADDRESS	662 N.E. OCEAN BLVD
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	STUART, FLORIDA 34996
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D INSABELLA, MICHAEL	3.2 NAME	TD ELLIOTT, BUD
STREET ADDRESS	662 NE OCEAN BLVD	3.3 STREET ADDRESS	662 NE OCEAN BLVD
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	STUART, FLORIDA 34996
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D DIANIS, DAVID	4.2 NAME	VPD ELSEY, LEE
STREET ADDRESS	662 N.E. OCEAN BLVD.	4.3 STREET ADDRESS	662 NE OCEAN BLVD.
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	STUART, FLORIDA 34996
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VPD BRACKEN, DON	5.2 NAME	PD
STREET ADDRESS	662 N.W. OCEAN BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE: **4/13/98**

Signature and typed or printed name of signing officer or director

CR2E037 (10/97)