

FILE NOW: FILING FEE IS \$61.25

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Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90100 003 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29758

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/16/1988	4. FEI Number 66-0097379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
KAZMIER, TIMOTHY D. 662 N.E. OCEAN BLVD. STUART FL 34996				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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]* (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	VPO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SHINER, HARVEY			1.2 NAME	RICHARD SHARPE		
STREET ADDRESS	662 N.E. OCEAN BLVD.			1.3 STREET ADDRESS	662 NE OCEAN		
CITY-ST-ZIP	STUART FL			1.4 CITY-ST-ZIP	STUART FLORIDA 34996		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICHIE, ROY			2.2 NAME	RICHEY, ROY		
STREET ADDRESS	662 N.E. OCEAN BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			2.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELLIOTT, BUD			3.2 NAME			
STREET ADDRESS	662 NE OCEAN BLVD			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			3.4 CITY-ST-ZIP			
TITLE	VPO	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ELSEY, LEE			4.2 NAME			
STREET ADDRESS	662 N.E. OCEAN BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRACKEN, DON			5.2 NAME			
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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SIGNATURE REQUIRED** DATE: 2/25/99 DAYTIME PHONE #: 561-334-3602

CR2E037 (11/98)