

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N39960 (2)
1. Corporation Name
OCEAN ROAD PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business ONE TURTLE BEACH ROAD VERO BEACH FL 32963	Mailing Address ONE TURTLE BEACH ROAD VERO BEACH FL 32963-3452
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3. Date Incorporated or Qualified 09/13/1990	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0222153	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROSE, MICHAEL L. ONE TURTLE BEACH ROAD VERO BEACH FL 32963	
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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 FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE AS	<input type="checkbox"/> DELETE	1.1 TITLE AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARKER, JOHN E.		1.2 NAME BARKER, JOHN E.	
STREET ADDRESS 1 TURTLE BEACH ROAD		1.3 STREET ADDRESS 1 TURTLE BEACH ROAD	
CITY-ST-ZIP VERO BEACH FL		1.4 CITY-ST-ZIP VERO BEACH FL	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OBERKOTTER, HAROLD F. JR.		2.2 NAME OBERKOTTER, HAROLD F. JR.	
STREET ADDRESS 666 OCEAN ROAD		2.3 STREET ADDRESS 666 OCEAN ROAD	
CITY-ST-ZIP VERO BEACH FL		2.4 CITY-ST-ZIP VERO BEACH FL	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EVANS NICHOLAS M		3.2 NAME EVANS NICHOLAS M	
STREET ADDRESS 630 OCEAN RD		3.3 STREET ADDRESS 630 OCEAN RD	
CITY-ST-ZIP VERO BEACH FL		3.4 CITY-ST-ZIP VERO BEACH FL	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARDES, DAVID A.		4.2 NAME BARDES, DAVID A.	
STREET ADDRESS 400 OCEAN ROAD #185		4.3 STREET ADDRESS 400 OCEAN ROAD #185	
CITY-ST-ZIP VERO BEACH FL		4.4 CITY-ST-ZIP VERO BEACH FL	
TITLE SD	<input type="checkbox"/> DELETE	5.1 TITLE SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILL, PAMELA		5.2 NAME HILL, PAMELA	
STREET ADDRESS 648 OCEAN RD		5.3 STREET ADDRESS 648 OCEAN RD	
CITY-ST-ZIP VERO BEACH FL		5.4 CITY-ST-ZIP VERO BEACH FL	
TITLE AS	<input type="checkbox"/> DELETE	6.1 TITLE AS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, MICHAEL L.		6.2 NAME ROSE, MICHAEL L.	
STREET ADDRESS 854 INDIAN LANE VERO BEACH		6.3 STREET ADDRESS 854 INDIAN LANE VERO BEACH	
CITY-ST-ZIP VERO BEACH FL		6.4 CITY-ST-ZIP VERO BEACH FL	

14. I do 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:  **Michael L. Rose** April 14, 1997 561-231-1666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020784

CR2E037 (9/96)