

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>ONE TURTLE BEACH ROAD VERO BEACH FL 32963</b>		Mailing Address <b>ONE TURTLE BEACH ROAD VERO BEACH FL 32963</b>		3. Date Incorporated or Qualified <b>09/13/1990</b>	
				4. FEI Number <b>65-0222153</b>	
				Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROSE, MICHAEL L. ONE TURTLE BEACH ROAD VERO BEACH FL 32963</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City <b>FL</b> 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, typed or printed name of registered agent and title if applicable.

(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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARKER, JOHN E.</b>	1.2 NAME	
STREET ADDRESS	<b>1 TURTLE BEACH ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OBERKOTTER, HAROLD F. JR.</b>	2.2 NAME	
STREET ADDRESS	<b>688 OCEAN ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANS NICHOLAS M</b>	3.2 NAME	
STREET ADDRESS	<b>630 OCEAN RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARDES, DAVID A.</b>	4.2 NAME	<b>Barde David A.</b>
STREET ADDRESS	<b>400 OCEAN ROAD #185</b>	4.3 STREET ADDRESS	<b>596 Ocean Road</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	4.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HILL, PAMELA</b>	5.2 NAME	<b>Donaldson, J. Bennett</b>
STREET ADDRESS	<b>648 OCEAN RD</b>	5.3 STREET ADDRESS	<b>634 Ocean Road</b>
CITY-ST-ZIP	<b>VERO BEACH FL</b>	5.4 CITY-ST-ZIP	<b>VERO Beach- FL 32963</b>
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSE, MICHAEL L.</b>	6.2 NAME	
STREET ADDRESS	<b>854 INDIAN LANE VERO BEACH</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BEACH FL</b>	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]* Michael L. Rose 4-21-98 561-231-11066

CR2E037 (10/97)