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NONPROFIT
 CORPORATION
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

1999

DOCUMENT # N39960

1. Corporation Name

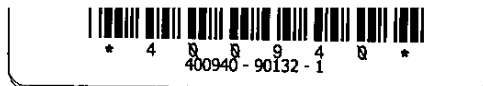
OCEAN ROAD PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**ONE TURTLE BEACH ROAD
 VERO BEACH FL 32963**

Mailing Address

**ONE TURTLE BEACH ROAD
 VERO BEACH FL 32963**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified

09/13/1990

4. FEI Number

65-0222153

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

**ROSE, MICHAEL L.
 ONE TURTLE BEACH ROAD
 VERO BEACH FL 32963**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AS** ☐ DELETE
 NAME **BARKER, JOHN E.**
 STREET ADDRESS **1 TURTLE BEACH ROAD**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **PD** ☒ DELETE
 NAME **OBERKOTTER, HAROLD F. JR.**
 STREET ADDRESS **666 OCEAN ROAD**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **TD** ☒ DELETE
 NAME **EVANS NICHOLAS M**
 STREET ADDRESS **630 OCEAN RD**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ DELETE
 NAME **BARDES, DAVID A.**
 STREET ADDRESS **400 OCEAN ROAD #185**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ DELETE
 NAME **BENNETT, DONALDSON**
 STREET ADDRESS **634 OCEAN RD**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **AS** ☐ DELETE
 NAME **ROSE, MICHAEL L.**
 STREET ADDRESS **854 INDIAN LANE VERO BEACH**
 CITY-ST-ZIP **VERO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
 2.2 NAME **PD**
 2.3 STREET ADDRESS **MILLER, LEE A.**
 2.4 CITY-ST-ZIP **636 OCEAN ROAD**
VERO BEACH, FL 32963

3.1 TITLE ☐ Change ☒ Addition
 3.2 NAME **TD**
 3.3 STREET ADDRESS **RHOADS, J. JAY**
 3.4 CITY-ST-ZIP **658 OCEAN ROAD**
VERO BEACH, FL 32963

4.1 TITLE ☒ Change ☐ Addition
 4.2 NAME **D**
 4.3 STREET ADDRESS **BARDES, DAVID A.**
 4.4 CITY-ST-ZIP **596 OCEAN ROAD**
VERO BEACH, FL 32963

5.1 TITLE ☒ Change ☐ Addition
 5.2 NAME **VSD**
 5.3 STREET ADDRESS **DONALDSON, J. BENNETT**
 5.4 CITY-ST-ZIP **652 OCEAN ROAD**
VERO BEACH, FL 32963

6.1 TITLE ☒ Change ☐ Addition
 6.2 NAME **AS**
 6.3 STREET ADDRESS **ROSE, MICHAEL L.**
 6.4 CITY-ST-ZIP **1 TURTLE BEACH ROAD**
VERO BEACH, FL 32963

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 REQUIRED) Michael L. Rose

April 16, 1999

(561)231-1666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)