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Apr 23 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 # **N48523** (7)

1. Corporation Name

OCEAN TRAIL VI BENEVOLENT ASSOCIATION, INC.



Principal Place of Business 400 OCEAN TRAIL WAY #708 JUPITER FL 33477 US	Mailing Address C/O CHARLES L. DULZO 400 OCEAN TRAIL WAY #708 JUPITER FL 33477
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3. Date Incorporated or Qualified 04/23/1992
4. FEI Number 65-0326814
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 400 Beach Rd Suite, Apt. #, etc. 22 Suite 404 City & State 23 Tequesta, Fl Zip 24 33469	2a. Mailing Address 26 400 Beach Rd #404 Suite, Apt. #, etc. 27 Suite 404 City & State 28 Tequesta, Fl 33469 Zip 29 33469
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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

9. Name and Address of Current Registered Agent DULZO, CHARLES L. 400 OCEAN TRAIL WAY #708 JUPITER FL 33477	
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10. Name and Address of New Registered Agent 81 Name MARCIA S. ALEVIZOS 82 Street Address (P.O. Box Number is Not Acceptable) 400 Beach Rd 83 Suite 404 84 City TEQUESTA FL 85 Zip Code 33469	
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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 *Marcia S. Alevizos* **MARCIA S. ALEVIZOS** **4-15-98**
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	PD <input type="checkbox"/> DELETE
NAME	ALEVIZOS, JOHN P
STREET ADDRESS	400 OCEAN TRAIL WAY, #810
CITY - ST - ZIP	JUPITER FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ALEVIZOS, MARCIA S
STREET ADDRESS	400 OCEAN TRAIL WAY, #810
CITY - ST - ZIP	JUPITER FL
TITLE	V <input type="checkbox"/> DELETE
NAME	GOULD, LOREN
STREET ADDRESS	500 OCEAN TRAIL WAY, #608
CITY - ST - ZIP	JUPITER FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	BROWN, RONALD
STREET ADDRESS	400 OCEAN TRAIL WAY, #607
CITY - ST - ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUTTON, ROY ESQ
STREET ADDRESS	300 OCEAN TRAIL WAY #1409
CITY - ST - ZIP	JUPITER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FARBER, PAUL
STREET ADDRESS	400 OCEAN TRAIL WAY #1401
CITY - ST - ZIP	JUPITER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	400 Beach Rd #404
1.4 CITY - ST - ZIP	Tequesta, Fl 33469
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	400 Beach Rd #404
2.4 CITY - ST - ZIP	Tequesta, Fla 33469
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33477
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33477
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33477
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FARBER, PAUL ESQ
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	33477

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: *John P. Alevizos* **JOHN P. ALEVIZOS** **4-15-98**

CR2E037 (10/97)