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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000002390					
1. Corporation Name OCEAN COLONY PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business C/O CHARLES RYAN HICKMAN 230 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480 US			Mailing Address C/O CHARLES RYAN HICKMAN 230 ROYAL PALM WAY, SUITE 300 PALM BEACH FL 33480 US		
2. Principal Place of Business 21 Elliott Merrill Comm Management Suite, Apt. #, etc. 22 1105 12th Street City & State 23 Vero Beach, FL Zip 24 32960 Country 25 US		2a. Mailing Address 26 Elliott Merrill Management Suite, Apt. #, etc. 27 1105 12th St City & State 28 Vero Beach, FL Zip 29 32960 Country 30 US		3. Date Incorporated or Qualified 05/24/1993 4. FEI Number 65-0456414 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 HICKMAN, CHARLES R 230 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480					
10. Name and Address of New Registered Agent 81 Name Merrill, Karen 82 Street Address (P.O. Box Number is Not Acceptable) 1105 12th Street 83 84 City Vero Beach FL 85 Zip Code 32960					
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 Karen Merrill DATE 3/22/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DVST ☒ DELETE NAME HICKMAN, CHARLES R STREET ADDRESS 230 ROYAL PALM WAY, STE 300 CITY-ST-ZIP PALM BEACH FL 33480			1.1 TITLE ☐ Change ☒ Addition 1.2 NAME Lowenstein, Mont 1.3 STREET ADDRESS 250 Ocean Beach Trail 1.4 CITY-ST-ZIP Vero Beach, FL		
TITLE D ☒ DELETE NAME PETERSMEYER DAMM, NANCY STREET ADDRESS 114 WEST MORELAND CITY-ST-ZIP PHILADELPHIA PA 19118			2.1 TITLE ☐ Change ☒ Addition 2.2 NAME O'Reilly, Phillip 2.3 STREET ADDRESS 181 Ocean Beach Trail 2.4 CITY-ST-ZIP Vero Beach, FL		
TITLE D ☒ DELETE NAME COLHOUN PETERSMEYER, SUSAN STREET ADDRESS 131 1/2 CHARLES STREET CITY-ST-ZIP NEW YORK NY 10114			3.1 TITLE ☐ Change ☒ Addition 3.2 NAME Sorkin, Fred 3.3 STREET ADDRESS 20 Lost Beach Lane 3.4 CITY-ST-ZIP Vero Beach, FL		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE ☐ Change ☒ Addition 4.2 NAME Whaley, Tom 4.3 STREET ADDRESS 211 Ocean Beach Trail 4.4 CITY-ST-ZIP Vero Beach, FL		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE ☐ Change ☒ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 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: **Thomas E. Whaley** DATE **3/18/99** DAYTIME PHONE # **561-231-4479**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR