

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90098 018 \*\*\*\*61.25



NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

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

**DOCUMENT # N94000002403**

1. Corporation Name

**OCEAN FOREST UNIT 12 HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

229 TALLWOOD RD  
 JACKSONVILLE BEACH FL 32250  
 US

Mailing Address

229 TALLWOOD ROAD  
 JACKSONVILLE BEACH FL 32250  
 US



2. Principal Place of Business

21 **222 Tallwood Road**

Suite, Apt. #, etc.

22

23 **Jacksonville Beach FL**

Zip Country

24 **32250** 25 **U.S.A.**

2a. Mailing Address

26 **222 Tallwood Road**

Suite, Apt. #, etc.

27

28 **Jacksonville Beach FL**

Zip Country

29 **32250** 30 **U.S.A.**

3. Date Incorporated or Qualified

**05/12/1994**

4. FEI Number

**59-3270562**

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

**SEDGWICK, STEW**  
**229 TALLWOOD ROAD**  
**JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent

81 Name **Sheila Ann Loizos**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**222 Tallwood Road**  
 83  
 84 City **Jacksonville Beach FL** 85 Zip Code **32250**

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 **SHEILA ANN LOIZOS**

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

(NOTE: Registered Agent signature required when appointing)

**1/5/99**  
 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SEDGWICK, STEW	
STREET ADDRESS	229 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILHOIT, ROD	
STREET ADDRESS	214 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	JACOBI, BRUCE	
STREET ADDRESS	210 TALLWOOD ROAD	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sheila Ann Loizos	
1.3 STREET ADDRESS	222 TALLWOOD ROAD	
1.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
2.1 TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mike Silvis	
2.3 STREET ADDRESS	205 TALLWOOD ROAD	
2.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
3.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Chuck Bernreuter	
3.3 STREET ADDRESS	225 TALLWOOD ROAD	
3.4 CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **SHEILA ANN LOIZOS** **1/5/99** (904) 247-1437  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)