

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005082 (2)

1. Corporation Name

OCEAN COURT TOWNHOME OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

102 COLUMBIA DR. 105
CAPE CANAVERAL FL 32920

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CAPE CANAVERAL FL 32920

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3271397

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALLENCOURT, JAN
102 COLUMBIA DR, 105
CAPE CANAVERAL FL 32920

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

Jan Valencourt

Jan Valencourt

11/17/96

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 D ☒ DELETE
NAME MURPHY, JAMES
STREET ADDRESS 122 OCEAN GARDEN LN
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☐ DELETE
NAME VALLENCOURT, JAN
STREET ADDRESS 102 COLUMBIA DR, 105
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D ☒ DELETE
NAME BENNIX, WILLIAM
STREET ADDRESS PO BOX 927
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME JEFF KIDD
1.3 STREET ADDRESS 102 LONG POINT RD
1.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME JEFF CHINN
2.3 STREET ADDRESS 8665 MAPLE COURT
2.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME HAROLD T. HUNTER, II
3.3 STREET ADDRESS 109 OCEAN GARDEN LANE
3.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

4.1 TITLE WPTD ☐ Change ☐ Addition
4.2 NAME WILLIAM BENNIX
4.3 STREET ADDRESS P.O. BOX 927
4.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME MRS CHARLES GOODMAN
5.3 STREET ADDRESS 8667 MAPLE COURT
5.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
500001783865
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***\$61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE:

Handwritten signature of David Hunter

4/9/96

Date

407-784-4935

Daytime Phone #

CR2E037 (12/95)