

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # N94000005082 (2)

1. Corporation Name

OCEAN COURT TOWNHOME OWNERS ASSOCIATION, INC.

Principal Place of Business

102 COLUMBIA DR. 105
CAPE CANAVERAL FL 32920

Mailing Address

102 COLUMBIA DR. 105
CAPE CANAVERAL FL 32920

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/10/1994

3a. Date of Last Report
04/17/1996

4. FEI Number
59-3271397

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 PD
NAME KIDD, JEFF
STREET ADDRESS 102 LONG POINT RD
CITY-ST-ZIP CAPE CANAVERAL FL 32920

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

TITLE SD
NAME HUNTER, HAROLD T., II
STREET ADDRESS 109 OCEAN GARDEN LN
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE VPTD
NAME BENNIX, WILLIAM
STREET ADDRESS PO BOX 927 N/A
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE D
NAME GOODMAN, CHARLES MRS.
STREET ADDRESS 8857 MAPLE CT.
CITY-ST-ZIP CAPE CANAVERAL FL 32920

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME RICK VISCONTI
1.3 STREET ADDRESS 8657 MAPLE COURT
1.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

2.1 TITLE D
2.2 NAME JEFFERY CHISHOLM
2.3 STREET ADDRESS 8657 MAPLE COURT
2.4 CITY-ST-ZIP CAPE CANAVERAL, FL 32920

3.1 TITLE SD
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 D
4.2 NAME JEFF KIDD
4.3 STREET ADDRESS 82 N. ORLANDO AVE
4.4 CITY-ST-ZIP COLON BEACH, FL 32931

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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. 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.

CR2E037 (4/97)