

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90037 004 ****61.25

DOCUMENT # N94000005082

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/10/1994

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

9. Name and Address of Current Registered Agent

HUNTER, II H
109 OCEAN GARDEN LANE
CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent

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 **HAROLD T HUNTER II**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/29/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **VISCONTI, RICK**
STREET ADDRESS **8657 MAPLE COURT**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **SD** ☐ DELETE
NAME **HUNTER, HAROLD T., II**
STREET ADDRESS **109 OCEAN GARDEN LANE**
CITY-ST-ZIP **CAPE CANAVERAL FL**

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

TITLE **D** ☒ DELETE
NAME **CHINN, JEFFREY**
STREET ADDRESS **8665 MAPLE COURT**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE **SD** ☐ DELETE
NAME **HUNTER II HAROLD T**
STREET ADDRESS **109 OCEAN GARDEN LANE**
CITY-ST-ZIP **CAPE CANAVERAL FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **THOMAS N. BARGER**
1.3 STREET ADDRESS **8667 MAPLE COURT**
1.4 CITY-ST-ZIP **CAPE CANAVERLA, FLA 32920**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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 registered agent 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, on an attachment with an address, with all other like empowered.

SIGNATURE: **HAROLD T HUNTER II** **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

4/29/99

CR2E037 (1/98)