

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000004607

1. Corporation Name

OCEAN REACH ASSOCIATION, INC.

Principal Place of Business

931 SOUTH FIRST ST
JACKSONVILLE BEACH FL 32250

Mailing Address

931 SOUTH FIRST ST
JACKSONVILLE BEACH FL 32250

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90219 041 ****61.25



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-2058791

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

YEAROUT, BOBBY
931 SOUTH FIRST ST
JACKSONVILLE BEACH FL 32250

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

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 ☐ DELETE

NAME **PD**
STREET ADDRESS **PARADISE, BRIAN**
CITY-ST-ZIP **2831 WOOD VALLEY COURT**
JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME **VD**
STREET ADDRESS **JACKSON, WILLIAM E**
CITY-ST-ZIP **16 GILMORE DRIVE**
GULF BREEZE FL 32561-4116

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **MARTIN, GEORGE A**
CITY-ST-ZIP **2894 DUPONT AVENUE**
JACKSONVILLE FL 32217-2753

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **HANSON, DIANE**
CITY-ST-ZIP **931 SOUTH FIRST ST**
JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **BONNER, BARBARA**
CITY-ST-ZIP **463 SELVA LAKES CIR**
ATLANTIC BCH FL 32233

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **MARGARET STARLING**
CITY-ST-ZIP **470 W 63RD ST**
JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 information.

SIGNATURE:

G. ASH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99

404-765-7400

CR2E037 (11/98)