

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:13

DOCUMENT # N50601 (6)

1. Corporation Name
OAKBREEZE COVE OWNERS ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business % J & M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204 | Mailing Address % J & M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/27/1992 | 3a. Date of Last Report 05/01/1994 |
| 4. FEI Number 59-3143300 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 30 |

9. Name and Address of Current Registered Agent
**J & M ASSOCIATES, INC.
1503 OAK STREET
JACKSONVILLE FL 32204**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|--------------------------------|
| TITLE | DT |
| NAME | GALAN, DAVID |
| STREET ADDRESS | 1703 OAKBREEZE LANE |
| CITY - ST - ZIP | JACKSONVILLE BCH FL |
| TITLE | OP |
| NAME | MARTIN, JOE |
| STREET ADDRESS | 1703 OAKBREEZE LANE |
| CITY - ST - ZIP | JACKSONVILLE BCH FL |
| TITLE | OP |
| NAME | OBERHEU, JOHN |
| STREET ADDRESS | 223 EVANS DR |
| CITY - ST - ZIP | JACKSONVILLE BCH FL |
| TITLE | D |
| NAME | THOMASON, BRUCE |
| STREET ADDRESS | 221 EVANS DR |
| CITY - ST - ZIP | JACKSONVILLE BCH FL |
| TITLE | DV |
| NAME | CASE, MEL |
| STREET ADDRESS | 1742 OAKBREEZE LANE |
| CITY - ST - ZIP | JACKSONVILLE BCH FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DS |
| 2.3 STREET ADDRESS | Mary Pat Griffith |
| 2.4 CITY - ST - ZIP | 217 Evans Drive Jacksonville Beach, FL 32250 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | DP |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 if changed, or on an attachment with an address.

SIGNATURE: John C. Oberheu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John Oberheu, President

2/1/95
Date

VO4-241-1007
System/Phone #