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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N50601

1. Corporation Name

OAKBREEZE COVE OWNERS ASSOCIATION, INC.

Principal Place of Business

10036 SAWGRASS DR.
 STE. 3
 PONTE VEDRA BEACH FL 32082

Mailing Address

P.O. DRAWER 1159
 PONTE VEDRA BEACH FL 32004



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/27/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3143300

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNCH, DONALD
FOUR SEASONS MGMT.
10036 SAWGRASS DR. #3
PONTE VEDRA BEACH FL 32082

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CUMMINGS, ROBERT	
STREET ADDRESS	1857 EVANS DR N	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERRIS, MARIANNE	
STREET ADDRESS	1754 OAKBREEZE LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GIROUARD, DENISE	
STREET ADDRESS	1754 OAKBREEZE LANE	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Helena De Oliveira	
1.3 STREET ADDRESS	1741 Evans Drive South	
1.4 CITY-ST-ZIP	Jax Bah, FL 32250	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michelle Galan	
2.3 STREET ADDRESS	1703 Oakbreeze Lane	
2.4 CITY-ST-ZIP	Jax Bah, FL. 32250	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Oberheu	
3.3 STREET ADDRESS	223 Evans Drive	
3.4 CITY-ST-ZIP	Jacksonville, FL. 32250	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steve Westerbeke	
4.3 STREET ADDRESS	1776 Evans Drive South	
4.4 CITY-ST-ZIP	Jax Bah, FL. 32250	
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 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, on an attachment with an address, with all other like empowered.

SIGNATURE:

John Oberheu
 SIGNATURE (Typed or Printed Name of Signing Officer or Director)

Jan 20, 1999 241-1007
 Date Daytime Phone #

CR2E037 (11/98)