

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 717706 (6)
1. Corporation Name
OCEAN COLONY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1620 SOUTH OCEAN BLVD
POMPANO BEACH FL 33062**

3. Date Incorporated or Qualified **12/10/1969** 3a. Date of Last Report **03/30/1995**

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.		59-1346162	Not Applicable
22	City & State	City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUCKLEY, RONALD
1620 S. OCEAN BLVD.
APT. 1-L
POMPANO BCH FL 33062**

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 617.1506, 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 *Ronald Buckley* **RONALD BUCKLEY, MANAGER** **2/22/96**
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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOKTOR, HERMAN	1.2 NAME	SIMNEY, VICTOR
STREET ADDRESS	1620 SO OCEAN BLVD 11N	1.3 STREET ADDRESS	1620 S. OCEAN BLVD. 10-G
CITY-ST-ZIP	POMPANO BEACH FL 33062	1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, DONALD W	2.2 NAME	DiGIORGIO, JOHN
STREET ADDRESS	1620 S. OCEAN BLVD., APT 14K	2.3 STREET ADDRESS	1620 S. OCEAN BLVD. 3-G
CITY-ST-ZIP	POMPANO BEACH FL 33062	2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODELL, CHARLES J	3.2 NAME	DUFFY, E.T.
STREET ADDRESS	1620 S. OCEAN BLVD. APT. 9-G	3.3 STREET ADDRESS	1620 S. OCEAN BLVD. 11-G
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLINGER, GILBERT	4.2 NAME	SCOTT, HARRIET
STREET ADDRESS	1620 S. OCEAN BLVD., 14AM	4.3 STREET ADDRESS	1620 S. OCEAN BLVD. 9-B
CITY-ST-ZIP	POMPANO BCH. FL 33062	4.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	ASSN'T T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMPERS, HENRY	5.2 NAME	NELSON, DONALD W.
STREET ADDRESS	1620 SO OCEAN BLVD 7A	5.3 STREET ADDRESS	1620 S. OCEAN BLVD. 14-K
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	ASSN'T S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOHEY, JOHN	6.2 NAME	SWIFT, MARILYN
STREET ADDRESS	1620 S. OCEAN BLVD., SUITE 14-F	6.3 STREET ADDRESS	1620 S. OCEAN BLVD. 11-H
CITY-ST-ZIP	POMPANO BEACH FL	6.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for relief under Section 19.07(3), 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: *Victor Simney* **2/22/96** (954) 781-9670
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)



OCEAN COLONY

1620 SOUTH OCEAN BOULEVARD
POMPANO BEACH, FLORIDA 33062
TELEPHONE (AC-305) 781-9670
FAX (AC-305) 781-8526

7/7706 Pg. 2

(CONTINUATION: OF OCEAN COLONY DIRECTORS)

DATE: 02/22/96

D ADDITION
CARNABUCI, FRANK
1620 S. OCEAN BLVD. 4-N
POMPANO BEACH, FL. 33062

D ADDITION
HUSSIAN, VINCENT
1620 S. OCEAN BLVD. 14-H
POMPANO BEACH, FL. 33062

D NO CHANGE
MALLINGER, GILBERT
1620 S. OCEAN BLVD. 14-A
POMPANO BEACH, FL. 33062

D NO CHANGE
SAMPERS, HENRY
1620 S. OCEAN BLVD. 7-A
POMPANO BEACH, FL. 33062

D NO CHANGE
TOOHEY, JOHN
1620 S. OCEAN BLVD. 14-F
POMPANO BEACH, FL. 33062