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Mar 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1620 SOUTH OCEAN BLVD
POMPANO BEACH FL 33062-7704

3. Date Incorporated or Qualified
12/10/1969

3a. Date of Last Report
03/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1346162

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

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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 617.1508, 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

RONALD BUCKLEY, MANAGER

2/26/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIMNEY, VICTOR	
STREET ADDRESS	1620 S OCEAN BLVD 10-G	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DIGIORGIO, JOHN	
STREET ADDRESS	1620 S OCEAN BLVD 3-G	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUFFY, E.T.	
STREET ADDRESS	1620 S OCEAN BLVD 11-G	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCOTT, HARRIET	
STREET ADDRESS	1620 S OCEAN BLVD 9-B	
CITY-ST-ZIP	POMPANO BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NELSON, DONALD W.	
STREET ADDRESS	1620 S OCEAN BLVD 14-K	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SWIFT, MARILYN	
STREET ADDRESS	1620 S OCEAN BLVD 11-H	
CITY-ST-ZIP	POMPANO BEACH FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOODELL, CHARLES J.	
1.3 STREET ADDRESS	1620 S. OCEAN BLVD. APT# 11-P	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	SAMPERS, HENRY	
2.3 STREET ADDRESS	1620 S. OCEAN BLVD. APT# 7-A	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAE, WILLIAM	
3.3 STREET ADDRESS	1620 S. OCEAN BLVD. APT# 10-J	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TOOHEY, JOHN	
4.3 STREET ADDRESS	1620 S. OCEAN BLVD. APT# 14-F	
4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	HUSSIAN, VINCENT	
5.3 STREET ADDRESS	1620 S. OCEAN BLVD. APT# 14-H	
5.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CARNABUCI, FRANK	
6.3 STREET ADDRESS	1620 S. OCEAN BLVD. APT# 4-N	
6.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that no change shall be 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

[Signature]

VICTOR M. SIMNEY

(954) 781-9670

PRESIDENT 2/26/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021694

CR2E037 (9/96)