

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 729515 (7)

1. Corporation Name

NUMBER ONE NORTH OCEAN ASSOCIATION, INC.



Principal Place of Business

150 NORTH OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address

150 NORTH OCEAN BLVD.
PALM BEACH FL 33480

3. Date Incorporated or Qualified
05/01/1974

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1638486

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WERNER, HARVEY
150 NO. OCEAN BLVD., #402
PALM BEACH, FLORIDA
PALM BEACH FL 33480

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 PD ☒ DELETE
NAME HERMAN, BERNARD W.
STREET ADDRESS 150 NO. OCEAN BLVD. #402 -
CITY - ST - ZIP PALM BEACH, FL 33480

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE D ☐ DELETE
NAME GURWIN, JOSEPH
STREET ADDRESS 150 NO. OCEAN BLVD., #403
CITY - ST - ZIP PALM BEACH FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PD
2.3 STREET ADDRESS GURWIN, JOSEPH
2.4 CITY - ST - ZIP 150 North Ocean Blvd. #403
Palm Beach, FL 33480

TITLE ~~PD~~ ☒ DELETE
NAME GREEN, MILTON
STREET ADDRESS 150 NO. OCEAN BLVD. #501 -
CITY - ST - ZIP PALM BEACH, FL 33480

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE TD ☐ DELETE
NAME EPPLER, HEINZ
STREET ADDRESS 150 N OCEAN BLVD
CITY - ST - ZIP PALM BEACH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE SD ☐ DELETE
NAME WERNER, HARVEY
STREET ADDRESS 150 NO. OCEAN BLVD., #403
CITY - ST - ZIP PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)