

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729515** (7)

1. Corporation Name

NUMBER ONE NORTH OCEAN ASSOCIATION, INC.

Principal Place of Business

Mailing Address

150 NORTH OCEAN BLVD.
PALM BEACH FL 33480150 NORTH OCEAN BLVD.
PALM BEACH FL 33480-39643. Date Incorporated or Qualified
05/01/19743a. Date of Last Report
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

4. FEI Number

59-1638486

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00 May Be
Added to Fees**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

Harris Hollin

82 Street Address (P.O. Box Number is Not Acceptable)

150 No. Ocean Blvd. #303

83

84 City

Palm Beach,**FL**

85 Zip Code

33480

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

3/24/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

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

3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	SD
3.3 STREET ADDRESS	HOLLIN, HARRIS
3.4 CITY-ST-ZIP	150 No. Ocean Blvd. #303 Palm Beach, FL

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039289

CR2E037 (9/96)