

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 # 760043 (0)

1. Corporation Name

THE OCEAN VIEW TOWNHOUSE CONDOMINIUM ASSOCIATION
INC.

Principal Place of Business

Mailing Address

3250 NE 12TH ST
SUITE 3
POMPANO BEACH FL 33062
US

3250 NE 12TH ST
SUITE 3
POMPANO BEACH FL 33062
US



3. Date Incorporated or Qualified
09/15/1981

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDSTONE, RICHARD
2300 WEST SAMPLE ROAD, SUITE 202
POMPANO BEACH FL 33073

81 Name

Mike Buckley

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

3250 NE 12th St #3

83

84 City

Pompano Bch

FL

85 Zip Code

33062

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

W.M. Buckley

(NOTE: Registered Agent signature required when reinstating)

DATE

5-15-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	MASTER, BOB	
STREET ADDRESS	3250 NE 12TH ST / STE 5	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	SD	☒ DELETE
NAME	SALAVAT, GIHA	
STREET ADDRESS	3250 NE 12TH ST / STE 2	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	TD	☐ DELETE
NAME	BUCKLEY, W MIKE	
STREET ADDRESS	3250 NE 12TH ST / STE 3	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Magline Forsyth	
1.3 STREET ADDRESS	3250 NE 12th St #4	
1.4 CITY-ST-ZIP	Pompano Bch, FL 33062	
2.1 TITLE	SA	☒ Change ☐ Addition
2.2 NAME	Brenda Buckley	
2.3 STREET ADDRESS	3250 NE 12th St #3	
2.4 CITY-ST-ZIP	Pompano Bch, FL 33062	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	Curry Kimmey	
3.3 STREET ADDRESS	3250 NE 12th St #2	
3.4 CITY-ST-ZIP	Pompano Bch, FL 33062	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	300001833863	
5.4 CITY-ST-ZIP	-05/22/96--01018--023	
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:

R.M. Master

Date

FEB-17/96

Daytime Phone #

942-3878

CR2E037 (12/95)