FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 25 1997 8:00am

Secretary of State

Daytime Phone # 0021878

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

POMPANO BEACH FL 33062

3250 NE 12TH ST SUITE 3 760043

(0)

POMPANO BEACH FL 33062-8156

Mailing Address 3250 NE 12TH ST

SUITE 3

THE OCEAN VIEW TOWNHOUSE CONDOMINIUM ASSOCIATION , INC.

US		U\$			3. Date Incorporated or Qualified 3a. Date of Last Report 05/21/1996		
2. Principal Place of Business 21		2a. Mailing Address 26			4. FEI Number 65-0377138 Applied For Not Applicable		
Suite, Apt #, etc		Suite, Apt. #, otc			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Žip	Country	Zip	Country	,	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of Curre	29	30		Florida Statutes Yes A No 10. Name and Address of New Registered Agent		
	g. Name and Address of Cure	III Negistered Agent	B1	Name	IV. Harre and Address of New Adjustered Agent		
BUCKLE	Y. MIKF		62		Addison (D.O. Day Number in Net Apportable)		
3250 NE 12TH #3				82. Street Address (P.O. Box Number is Not Acceptable)			
	IO BEACH FL 33062		83				
			84	City	85 Zip Code		
		F 15141 4 4 1 3 3 - 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		J	FL '		
office or re	to the provisions of Sections 617 056 ogistered agent, or both, in the State familiar with, and accept the oblig	e of Florida. Such change was	authorized b	y the corp	I corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered.		
SIGNATURE	Signature, typed or pict ted name of regelered ag	ANC	TC - Basislared Ag	ant signature	s required when reinstating) DATE		
12.		ID DIRECTORS /	13.	erk argitalore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE		Change V Addition		
NAME	FORSYTH, MAGLINE	/ >	1.2 NAME		Buckley, Mike 3230 NEI 12 mst #3 Pomparo Buch, F1. 33062		
STHEET ADDRESS	3250 NE 12TH ST #4		1.3 STREE	T ADDRESS	3250 NAIZ MS+#3		
CHTY+S1+ZIF	POMPANO BEACH FL 33062		1.4 CITY-	ST-ZIP	Pampano Boh Fl. 33062		
Tille	SD	☐ DELETE	2.1 TITLE		Change Addition		
NAME	BUCKLEY, BRENDA		2.2 NAME				
STREET ADORESS	3250 NE 12TH ST #3		2 3 STREE	t address			
COLY \$1-ZIP	POMPANO BEACH FL 33062		2 4 CITY-	ST-2(P			
TITLE	TD	☐ D€LE1E	31 THILE		Change Addition		
NAME	KIMMEY, CURRY		3.2 NAME				
STHEET ADDRESS	3250 NE 12TH ST #2		3.3 STREE	T ADORESS			
C-TY - ST - ZIF	POMPANO BEACH FL 33062		3.4. CITY -	ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition		
NAME			4. 2 NAME	1			
STHEE! ADDRESS				T ADDRESS			
CITY - S1 - ZIP		DELETE	4.4 CITY- 5.1 TIYLE	ST - ZIP	Chance Addition		
T-TL1		Frd Drittit	52 NAME		Thange Li Addition		
NAME STREET ADDRESS				t address			
CITY ST-ZIP			54 CITY-				
TIFLE		DELETE	61 TITLE	E1 £11	☐ Change ☐ Addition		
NAME		—	62 NAME		_ , _		
STREET ADDRESS			6 3 STREE	T ADDRESS			
City-St-ZiP			64CITY-	1			
14. I do heret	y certify that the information supplie	ed with this filing does not qua	lify for the ex-	emption s	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		
informatio Lam an of	n indicated on this armual report or fliger or director of the corporation o	supplemental annual report is or the receiver or trustee empo	wered to exe	urate and cute this r	d that my signature shall have the same legal effect as if made under oath; the report as required by Chapter 617, Florida Statutes; and that my name		