FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

95 APR 27 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 762619 (5)

1. Corporation Name

CONDOMNIUM OFFICERS' ASSOCIATION OF SINGER ISLA ND, INC.

Principal Place of Business	Mailing Address
5200 N. OCEAN DRIVE SUITE 18 D SINGER ISLAND FL US	5200 N. OCEAN DRIVE SUITE 18 D SINGER ISLAND FL US 33404

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1982
3a. Date of Last Report: 04/19/1994
4. FEI Number: 65-0044011 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 5200 N. OCEAN DRIVE	26 5200 N. OCEAN DRIVE
Suite, Apt. #, etc. 22 SUITE 18D	Suite, Apt. #, etc. 27 SUITE 18D
City & State 23 SINGER ISLAND, FL	City & State 28 SINGER ISLAND, FL
Zip 24 33404 Country 25 USA	Zip 29 33404 Country 30 USA

9. Name and Address of Current Registered Agent

BUCHEL, DENNIS
5440 N. OCEAN DRIVE
UNIT 1501
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name: MARVIN L. REINER
82 Street Address (P.O. Box Number is Not Acceptable): 5200 NORTH OCEAN DRIVE
83: UNIT 18 D
84 City: SINGER ISLAND FL 85 Zip Code: 33404

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: MARVIN L. REINER TREASURER 3-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE		☐ Change ☐ Addition
NAME	OGOZALY, ANN	12 NAME		
STREET ADDRESS	5420 N. OCEAN DR.	13 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH, FL 00000	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE	PD PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	BUCHEL, DENNIS	22 NAME	WILLIAM ANDERSON	
STREET ADDRESS	5440 N. OCEAN DR. #1501	23 STREET ADDRESS	5080 NORTH OCEAN DR 19A SEA WINDS	
CITY-ST-ZIP	SINGER ISLAND FL	24 CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE	TD	31 TITLE	TD TREASURER & DIRECTOR	☒ Change ☐ Addition
NAME	LAMBROU, GEORGIA	32 NAME	MARVIN L. REINER	
STREET ADDRESS	5440 N. OCEAN DR. #1506	33 STREET ADDRESS	5200 NORTH OCEAN DR 18 D CORNICHE	
CITY-ST-ZIP	SINGER ISLAND FL	34 CITY-ST-ZIP	SINGER ISLAND, FL. 33404	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	DELETED BY 3-7-95	

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)(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, added or deleted.

SIGNATURE: MARVIN L. REINER 3-8-95 407-842-3994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TREASURER

0010648