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 # 762619 (5)

1. Corporation Name

CONDOMINIUM OFFICERS' ASSOCIATION OF SINGER ISLA ND, INC.

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

3. Date Incorporated or Qualified: 03/29/1982
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21: 5420 N OCEAN DR
Suite, Apt. #, etc.
22: APT 901
City & State
23: SINGER ISLAND FL.
Zip: 24: 33404 Country: 25: USA

2a. Mailing Address
26: 5420 N OCEAN DR-
Suite, Apt. #, etc.
27: APT 901
City & State
28: SINGER ISLAND FL
Zip: 29: 33404 Country: 30: USA

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

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

9. Name and Address of Current Registered Agent

REINER, MARVIN L
5200 NORTH OCEAN DRIVE
SUITE 18D
SINGER ISLAND FL 33404

ANN OGOZALY
5420 N. OCEAN DR
APT 901
SINGER ISLAND FL 33404

10. Name and Address of New Registered Agent

81 Name: Ann Ogozaly
82 Street Address (P.O. Box Number is Not Acceptable): 5420 N OCEAN DR. #901
83 SINGER ISLAND FL 33404
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: Ann Ogozaly — March 16 - 1996
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	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OGOZALY, ANN		1.2 NAME		
STREET ADDRESS	5420 N. OCEAN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	RIVIERA BCH, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, WILLIAM		2.2 NAME		
STREET ADDRESS	5080 NORTH OCEAN DR., 19-A SEA WINDS		2.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	REINER, MARVIN L		3.2 NAME		
STREET ADDRESS	5200 NORTH OCEAN DRIVE, 18-D CORNICHE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLAND FL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Allen, Nancy B.		4.2 NAME		
STREET ADDRESS	5000 N. Ocean Dr.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Singer Island FL. 33404		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Ann Ogozaly — 3/16/96 — 407-842-0798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ANN OGOZALY