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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

5420 N. OCEAN DRIVE
APT 901
SINGER ISLAND FL 33404
US

Mailing Address

5420 NORTH OCEAN DRIVE
APT 901
SINGER ISLAND FL 33404-2526
US3. Date Incorporated or Qualified
03/29/19823a. Date of Last Report
03/19/19964. FEI Number
65-0044011Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fees Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

OGOZAY, ANN
5420 NORTH OCEAN DRIVE
APT 901
SINGER ISLAND FL 33404

81 Name

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

83

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 OGOZAY SEC

(NOTE: Registered Agent signature required when reinstating)

2/3/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE
NAME OGOZAY, ANN
STREET ADDRESS 5420 N. OCEAN DR.
CITY-ST-ZIP RIVIERA BCH, FL 000001.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE PD ☒ DELETE
NAME ANDERSON, WILLIAM
STREET ADDRESS 5080 NORTH OCEAN DR., 19-A SEA WINDS
CITY-ST-ZIP SINGER ISLAND FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ALLEN, NANCY B.
2.3 STREET ADDRESS 5000 N. Ocean Drive, No. 103
2.4 CITY-ST-ZIP SINGER ISLAND, FL 33404TITLE TD ☐ DELETE
NAME REINER, MARVIN L
STREET ADDRESS 5200 NORTH OCEAN DRIVE, 18-D CORNICHE
CITY-ST-ZIP SINGER ISLAND FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE VD ☒ DELETE
NAME ALLEN, NANCY B.
STREET ADDRESS 5000 NORTH OCEAN DRIVE
CITY-ST-ZIP SINGER ISLAND FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME REINER, MARVIN L
4.3 STREET ADDRESS 5200 North Ocean Dr. No. 18D
4.4 CITY-ST-ZIP SINGER ISLAND, FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 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: ANN OGOZAY SEC

2/3/97

843-0798

CR2E037 (9/96)