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May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **762619** (5)

1. Corporation Name

CONDOMINIUM OFFICERS' ASSOCIATION OF SINGER ISLAND, 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 US
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3. Date Incorporated or Qualified 03/29/1982	4. FEI Number 65-0044011	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 5460 N. OCEAN DR Suite, Apt. #, etc. 22 PH "A" City & State 23 SINGER ISLAND, FL Zip 24 33404	2a. Mailing Address 26 5460 N. OCEAN DR Suite, Apt. #, etc. 27 PH "A" City & State 28 SINGER ISLAND, FL Zip 29 33404	Country 25 USA	Country 30 USA
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent OGOZAY, ANN 5420 NORTH OCEAN DRIVE APT 901 SINGER ISLAND FL 33404	
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10. Name and Address of New Registered Agent 81 Name JACK JAMISON 82 Street Address (P.O. Box Number is Not Acceptable) 5460 N. OCEAN DR PH "A" 83 84 City SINGER ISLAND FL 85 Zip Code 33404	
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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 *[Signature]* DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE (SD) JACK JAMISON	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME OGOZAY, ANN		1.2 NAME 5460 N. OCEAN DR PH "A"	
STREET ADDRESS 5420 N. OCEAN DR.		1.3 STREET ADDRESS SINGER ISLAND, FL. 33404	
CITY-ST-ZIP RIVIERA BCH, FL 00000		1.4 CITY-ST-ZIP 33404	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE (PD) MARVIN L. REINER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALLEN, NANCY B.		2.2 NAME 5200 N. OCEAN DR 18D	
STREET ADDRESS 5000 N OCEAN DRIVE, NO 103		2.3 STREET ADDRESS SINGER ISLAND, FL. 33404	
CITY-ST-ZIP SINGER ISLAND FL		2.4 CITY-ST-ZIP 33404	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE (VD) ELIZABETH MONZANO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REINER, MARVIN L		3.2 NAME 3400 N. OCEAN DR PH 8	
STREET ADDRESS 5200 NORTH OCEAN DRIVE, 18-D CORNICHE		3.3 STREET ADDRESS SINGER ISLAND, FL. 33404	
CITY-ST-ZIP SINGER ISLAND FL		3.4 CITY-ST-ZIP 33404	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE (TD) JOHN PELONG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME REINER, MARVIN L		4.2 NAME 4200 N. OCEAN DR 301-1	
STREET ADDRESS 5200 N OCEAN DR, NO 18D		4.3 STREET ADDRESS SINGER ISLAND, FL. 33404	
CITY-ST-ZIP SINGER ISLAND FL		4.4 CITY-ST-ZIP 33404	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *[Signature]*

CR2E037 (10/97)