FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 26, 1999 8:00 am
Secretary of State
02-26-1999 90047 019 ****61.25

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DOCUMENT # N32750

1. Corporation Name

THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
3405 ATLANTIC AVE NEW SMYRNA BCH. FL 32169	3405 ATLANTIC AVE NEW SMYRNA BCH. FL 32169

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 06/12/1989

4. FEI Number: 59-0388495 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PETERSON, SID C., JR.
418 CANAL STREET
NEW SMYRNA BEACH, 32168

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WYBROW, ROBERT		1.2 NAME		
STREET ADDRESS	TILDEN LAKE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ONTARIO, CAN		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	IABONI, PETER		2.2 NAME	BASIL CRIPPS	
STREET ADDRESS	157 E. HUMBER DR.		2.3 STREET ADDRESS	57 OLDEWOOD CRESENT	
CITY-ST-ZIP	ONTARIO CA		2.4 CITY-ST-ZIP	ST. THOMAS, ONT. CANADA N5R 6B3	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRUBER, PATRICK		3.2 NAME		
STREET ADDRESS	SS1 SITE 18 COMP 42		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENNETANQUISHENE ON		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	O'NEIL, ALBERTA		4.2 NAME		
STREET ADDRESS	RR 1 PUTNAN		4.3 STREET ADDRESS		
CITY-ST-ZIP	ONTARIO CA		4.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERTS, JOHN		5.2 NAME		
STREET ADDRESS	39 TOBIN PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WOODSTOCK ON		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		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #