

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90569 015 ****61.25

DOCUMENT # N32750 1. Entity Name THE OCEAN TRILLIUM SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169			Mailing Address 3405 ATLANTIC AVE NEW SMYRNA BCH., FL 32169		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0388495	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUTA, T.R. 3405 S ATLANTIC AVENUE NEW SMYRNA BEACH, FL 32169				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD IABONI, PETER 157 EAST HUMBER DRIVE KING CITY, ONTARIO, n0i1b7	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Alex Murchie 506 Mallory Beach Road, RR#5 Warton, Ontario, Canada. N0H 2T0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD STRUGAR, MICHAEL 63 W. LEWIS AVENUE MILAN, MI 481601035	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'NEAL, ALBERTA RR#1-7561 HAMILTON ROAD PUTMAN, ON n0i 2b0	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, AUDREY 526 MALLORY BEACH RD. RR#5 WARTON, ONTARIO. n0h2t0	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICK, DON 27 ST GEORGE STREET AYLMER ONTARIO, CA n5h 2m2	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>TR Ruta</u>		<u>T.R. Ruta</u>		4-22-01 386-428-3800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	