

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

FILED

Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002688
1. Corporation Name

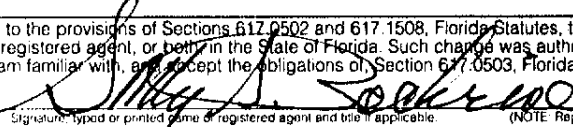
O.B.C. HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
707 Chillingworth Dr. West Palm Beach FL 33409	707 Chillingworth Dr. West Palm Beach FL 33409

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	5/25/94	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0530659	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	
Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	☐
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No

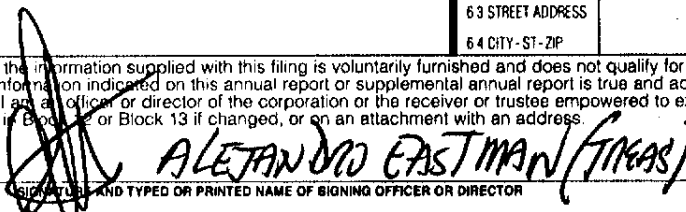
9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C.E. Porch 32 E. Ocean Blvd. Stuart, FL 34994	81 Name Sally S. Rockrise 82 Street Address (P.O. Box Number is Not Acceptable) 707 Chillingworth Dr. 83 84 City West Palm Beach FL 85 Zip Code 33409

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  Sally S. Rockrise 3/27/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE ☐ DELETE	1.1 TITLE PD ☒ Change ☐ Addition
NAME	1.2 NAME Frank Rubin
STREET ADDRESS	1.3 STREET ADDRESS 1980 N.E. 7th St., #103
CITY-ST-ZIP	1.4 CITY-ST-ZIP Deerfield Beach, FL 33441
TITLE ☐ DELETE	2.1 TITLE SD ☒ Change ☐ Addition
NAME	2.2 NAME Drew Tomenchok
STREET ADDRESS	2.3 STREET ADDRESS 1998 N.E. 7th St., #103
CITY-ST-ZIP	2.4 CITY-ST-ZIP Deerfield Beach, FL 33441
TITLE ☐ DELETE	3.1 TITLE TD ☒ Change ☐ Addition
NAME	3.2 NAME Alejandro Eastman
STREET ADDRESS	3.3 STREET ADDRESS 1950 N.E. 7th St., #101
CITY-ST-ZIP	3.4 CITY-ST-ZIP Deerfield Beach, FL 33441
TITLE ☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	4.2 NAME
STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP	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

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 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  ALEJANDRO EASTMAN (TREAS) 3/28/97 954-574-9800
(NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E037 (3/96)