

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -8 AM 9:40

DOCUMENT # 751745

(1)

1. Corporation Name

89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**89 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176**

**89 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1980

3a. Date of Last Report

03/22/1994

4. FEI Number

59-2129737

Applied For

Not Applicable

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

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. 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

**ROSE, JAMES
125 N. RIDGEWOOD AVE.
DAYTONA BEACH FL 32015**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE SD
NAME TULBERT, JANICE
STREET ADDRESS 89 S ATLANTIC AVE #1406
CITY-ST-ZIP ORMOND BEACH FL**

**1.1 TITLE SD
1.2 NAME JENSEN, MARTHA JEAN
1.3 STREET ADDRESS 89 S. ATLANTIC AVE. #201
1.4 CITY-ST-ZIP ORMOND BEACH FL**

☒ Change ☐ Addition

**TITLE TD
NAME O'BRIEN, ETHEL
STREET ADDRESS 89 S ATLANTIC AVE #506
CITY-ST-ZIP ORMOND BEACH FL**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**TITLE PD
NAME LOEPP, LEONARD, A
STREET ADDRESS 89 S ATLANTIC AVE
CITY-ST-ZIP ORMOND BCH, FL 00000**

**3.1 TITLE PD
3.2 NAME LOPEZ, JULIAN
3.3 STREET ADDRESS 89 S. ATLANTIC AVE. #1701
3.4 CITY-ST-ZIP ORMOND BEACH FL**

☒ Change ☐ Addition

**TITLE VD
NAME ROGERS, LUKE P
STREET ADDRESS 89 S. ATLANTIC AVE.
CITY-ST-ZIP ORMOND BEACH FL**

**4.1 TITLE VD
4.2 NAME WIND, M. MICHAEL
4.3 STREET ADDRESS 89 S. ATLANTIC AVE. #302
4.4 CITY-ST-ZIP ORMOND BEACH FL**

☒ Change ☐ Addition

**TITLE VD
NAME LOPEZ, JULIAN
STREET ADDRESS 89 S ATLANTIC AVE
CITY-ST-ZIP ORMOND BCH, FL 00000**

**5.1 TITLE VD
5.2 NAME LORENZO, ANTHONY
5.3 STREET ADDRESS 89 S. ATLANTIC AVE. #1505
5.4 CITY-ST-ZIP ORMOND BEACH FL**

☒ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP**

☐ Change ☐ Addition

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 110.07(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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Julian C. Lopez
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
JULIAN C. LOPEZ

1/20/95

904-672-5333

Date

Telephone Number