

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 20 AM 11:07

DOCUMENT # 749851 (2)
1. Corporation Name
THE CONDOMINIUM ASSOCIATION OF OCEAN TOWERS, INC

Principal Place of Business Mailing Address
**170 NORTH OCEAN BLVD.
PALM BEACH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1979** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-2016643** Applied For ☐ Not Applicable ☐
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24

9. Name and Address of Current Registered Agent

**BRUCE PARRISH
105 S NARCICUS AVE STE 701
W. PALM BEACH FL 33402**

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP**
NAME **FINCH P.E.**
STREET ADDRESS **170 N OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH FL**
TITLE **D**
NAME **LEVINE, ARTHUR**
STREET ADDRESS **170 N OCEAN BLVD #501**
CITY-ST-ZIP **PALM BCH FL**
TITLE **P**
NAME **SCOVELL, ALAN**
STREET ADDRESS **170 NO OCEAN BLVD #403**
CITY-ST-ZIP **PALM BCH FL**
TITLE **ST**
NAME **WARREN, LILO**
STREET ADDRESS **170 N. OCEAN BLVD., #208**
CITY-ST-ZIP **PALM BCH FL**
TITLE **D**
NAME **ZALEZNIK BETH**
STREET ADDRESS **170 N OCEAN BLVD**
CITY-ST-ZIP **PALM BEACH FL**
TITLE **D**
NAME **FUNAI, ALFRED**
STREET ADDRESS **139 SUNRISE AVE #402**
CITY-ST-ZIP **PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE **D Robert Filardi** ☒ Change ☒ Addition
3.2 NAME **170 N. Ocean Blvd**
3.3 STREET ADDRESS **Palm Beach, FL 33480**
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE **V-President** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE **D Margaret Murray** ☒ Change ☒ Addition
6.2 NAME **139 Sunrise Ave. #402**
6.3 STREET ADDRESS **Palm Beach, FL 33480**
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 110.07(3)(k), Florida Statutes. I further certify that I am an officer or director of this 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: **X Paul E Finch**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

THE CONDOMINIUM ASSOCIATION

of Ocean Towers, Inc

170 N. Ocean Blvd.
139 Sunrise Ave.
Palm Beach, FL 33480

Telephone:
(407) 833-5588

2/14/95
Re: Corporation Annual Report
(continued)

13. Additions/Changes to Officers and Directors

7.1 Title
Name
Street Address
City-St. Zip

D.
James P. O'Brien
139 Sunrise Ave
Palm Beach, Fla. 33480

8.1 Title
Name
Street Address
City-St. Zip

Assist Sec./Mgr
Diane Cunningham
170 N. Ocean Blvd.
Palm Beach, Fla. 33480