SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT 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 JUN 30 PM 2:26

DOCUMENT # **N44216** **(2)**

1. Corporation Name

1500 OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O TEAM I MANAGEMENT, INC. P.O. BOX 1142 POMPANO BEACH FL 33061	C/O TEAM I MANAGEMENT, INC. P.O. BOX 1142 POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1991
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0235506 ☐ 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 ☐ **FILING FEE IS $61.25**
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ZANE, JEFFREY P ESQ
7000 W PALMETTO PARK RD
SUITE 203
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name: Jane Chapman / TEAM 1 Management
82 Street Address (P.O. Box Number is Not Acceptable): 3350 E. Atlantic Blvd. ~~Suite 309~~
83
84 City: Pompano Beach, FL 05 Zip Code: 33062

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: Jane Chapman 5/30/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	BEAUCHAMP, FERRIS	12 NAME		
STREET ADDRESS	1500 N. OCEAN BLVD.	13 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	Treas	☒ Change ☐ Addition
NAME	~~GEHART, ART~~	22 NAME	Denise Woodstock	
STREET ADDRESS	~~1500 N OCEAN BLVD~~	23 STREET ADDRESS	1500 Ocean Blvd	
CITY-ST-ZIP	~~POMPANO BCH FL~~	24 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
TITLE	SD	31 TITLE	P	☒ Change ☐ Addition
NAME	LANDRY, ELAINE	32 NAME	Elaine Landry	
STREET ADDRESS	1500 N OCEAN BLVD	33 STREET ADDRESS	1500 N. Ocean Blvd	
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP	~~Pompano Beach, Fl. 33062~~	
TITLE	~~PD~~	41 TITLE	D	☒ Change ☐ Addition
NAME	~~STEWART, LARRY~~	42 NAME	Stuart Suls	
STREET ADDRESS	~~1500 N OCEAN BLVD~~	43 STREET ADDRESS	1500 N. Ocean Blvd	
CITY-ST-ZIP	~~POMPANO BCH FL~~	44 CITY-ST-ZIP	Pompano Beach, Fl. 33062	
TITLE	D	51 TITLE	SD	☒ Change ☐ Addition
NAME	LAKOWITZ, SUZANNE	52 NAME	Suzanne Lakowitz	
STREET ADDRESS	1500 N OCEAN BLVD	53 STREET ADDRESS	same address	
CITY-ST-ZIP	POMPANO BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LASTORIA, GINO	62 NAME		
STREET ADDRESS	1500 N OCEAN BLVD	63 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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.

SIGNATURE: Elaine C. Landry 5/31/95 305-785-7554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006747