FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

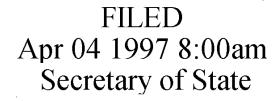
DOCUMENT #

750357

(6)

OCEAN AIRE CONDOMINIUM ASSOCIATION I, INC.

Principal Place of Business	Mailing Address
4206 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487	4206 SOUTH OCEAN BLVD. HIGHLAND BEACH FL 33487-4236



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						3. Date incorporated or Qualified 3a. Date of Last Report 04/10/1996
	al Place of Business	2a. Mailing Address	***************************************			4. FEI Number NOT APPLICABLE Applied For Not Applicable
21		26				
22	pt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & S	State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry	,	8. This corporation has liability for intangible tax under s. 199,032,
24	25	29	30			Florida Statutes
	9. Name and Address of Currer	nt Registered Agent		\Box		10. Name and Address of New Registered Agent
				81	Name	
RONC	CO, MARY ANN			82	Street A	Address (P.O. Box Number is Not Acceptable)
4206	S OCEAN BLVD #2				0,,00,,,	
HIGHI	LAND BCH FL 33487			63		
				84	Oit.	
ì				04	City	FL 85 Zip Code
SIGNATUR						corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered required when reinstating) DATE
12.		D DIRECTORS	13.	~ •	an argenture i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 7	ITLE	— Т	Change Addition
NAME	SPADAFINA, ANTHONY			AME	1	
STREET ADDRES	0 00=444 0440 #4		1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL			XTY-S	1	
TITLE	VD	DELETE	2.1 7			☐ Change ☐ Addition
NAME	ACEVIDO, CARLOS		2.2 N	IAME)	
STREET ADDRES	ss 4206 S. OCEAN BLVD.		2.3 9	TAEET	ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL		2.41	CITY-	ST-ZIP	
TITLE	STD	☐ DELETE	3.1 T	ITLE		Change Addition
NAME	RONCO, MARYANN		3.2 N	IAME	: [
STREET ADDRES			3.3 S	TREET	ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL		3.4.4	CITY-	ST-ZIP .	
TITLE		DELETE	4.11	ITLE	: }	Change Addition
NAME			4.2	NAME	Ì	
STREET ADDRES	SS		4.3 S	TREET	ADDRESS	
CITY-ST-ZIP					T-ZIP	
TITLE		☐ DELETE	5.1 T		[☐ Change ☐ Addition
NAME			5.2 N	IAME		
STREET ADDRES	SS				ADDRESS	
CITY-ST-ZIP		T never			T-ZIP	
TITLE	1	DELETE	6.1 T		. }	Change Addition
NAME			1	IAME	}	
STREET ADDRES	SS				ADDRESS	
CITY-ST-ZIP	*		6.40	ITY-S	ST-ZIP :	

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under cath; 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:

OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE

3/31/97

243-4300 Daytime Phone • 0039742