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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33061-1142

3. Date Incorporated or Qualified
07/09/1991

3a. Date of Last Report
02/20/1996

2. Principal Place of Business

21 C/O UNITE Community MGT

22 3300 UNIV DRIVE #405

23 CORAL SPRINGS FLA

City & State

Zip

24 33065

Country

25

2a. Mailing Address

25 C/O UNITE COMM. MGT. CORP

27 3300 UNIV. DR. #405

28 CORAL SPRINGS FLA

City & State

Zip

29 33065

Country

30

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAPMAN, JANE
3350 E ATLANTIC BLVD
SUITE 309
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

81 Name
UNITE Community MGT CORP
82 Street Address (P.O. Box Number is Not Acceptable)
3300 UNIV DRIVE #405
83
84 City
CORAL SPRINGS FL
85 Zip Code
33065

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 UNITE COMMUNITY MGT CORP.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME STEWART, LARRY
STREET ADDRESS 1500 N. OCEAN BLVD.
CITY-ST-ZIP POMPANO BCH FL

TITLE D
NAME NERON, RICHARD
STREET ADDRESS 1500 OCEAN BLVD
CITY-ST-ZIP POMPANO BCH FL

TITLE VP
NAME LANDRY, ELAINE
STREET ADDRESS 1500 N OCEAN BLVD
CITY-ST-ZIP POMPANO BCH FL

TITLE ST
NAME LAKOWITZ, SUZANNE
STREET ADDRESS 1500 N OCEAN BLVD
CITY-ST-ZIP POMPANO BCH FL

TITLE D
NAME LASTORIA, GINO
STREET ADDRESS 1500 N OCEAN BLVD
CITY-ST-ZIP POMPANO BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 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, changed, or on an attachment with an address.

SIGNATURE [Signature] Pres. 4/27/97

CR2E037 (9/96)