

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 06 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 709539 (1)**  
1. Corporation Name  
**THE OCEAN MONARCH CONDOMINIUM INC.**



Principal Place of Business 133 N POMPANO BCH POMPANO BCH FL 33062 US	Mailing Address 133 N POMPANO BCH POMPANO BCH FL 33062 US
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3. Date Incorporated or Qualified <b>09/03/1965</b>	Applied For Not Applicable
4. FEI Number <b>59-1164790</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

**9. Name and Address of Current Registered Agent**

TANNER, GLORIA  
133 N. POMPANO BEACH BLVD.  
UNIT 1102  
POMPANO BEACH FL 33062

**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 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	TP	<input type="checkbox"/>
NAME	OPARA, RICHARD	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	VP	<input type="checkbox"/>
NAME	MAGRINI, EUGENE	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	WIATROWSKI, ED	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	S	<input type="checkbox"/>
NAME	TANNER, GLORIA	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/>
NAME	RIFENBURGH, RICHARD	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	T	<input type="checkbox"/>
NAME	LINARDI-THOMAS, MARY LOU	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	Wallace Kramm		
1.3 STREET ADDRESS	133 N. Pompano Beach Blvd.		
1.4 CITY-ST-ZIP	Pompano Beach, FL 33062		
2.1 TITLE	D		
2.2 NAME	Joe Trubiani		
2.3 STREET ADDRESS	133 N. Pompano Beach Blvd.		
2.4 CITY-ST-ZIP	Pompano Beach, FL 33062		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2-1-98 Daytime Phone # 954-941-9289

CH2E037 (10/97)