

FILE NOW: FILING FEE IS \$61.25

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Feb 18 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 # 727684 (3)**  
1. Corporation Name  
**OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>639 E OCEAN AVE SUITE 204 BOYNTON BCH FL 33435 US</b>	Mailing Address <b>639 E OCEAN AVE SUITE 204 BOYNTON BCH FL 33435 US</b>
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3. Date Incorporated or Qualified <b>10/08/1973</b>	4. FEI Number <b>59-1589541</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>306 E. BOYNTON BCH BVD</b>	2a. Mailing Address <b>306 E. BOYNTON BCH BLVD</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State <b>BOYNTON BEACH, FL</b>	27. City & State <b>BOYNTON BEACH, FL</b>
23. Zip <b>33435</b>	28. Country <b>USA</b>
24. Zip <b>33435</b>	29. Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

9. Name and Address of Current Registered Agent <b>GROMKO &amp; PORTER, INC. 306 E. BOYNTON BEACH BLVD BOYNTON BCH FL 33435</b>	
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10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State <b>FL</b>	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]* DATE **2/9/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
NAME	STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
CITY - ST - ZIP		2.1 TITLE	2.2 NAME
		2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TITLE	NAME	3.1 TITLE	3.2 NAME
NAME	STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
CITY - ST - ZIP		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
NAME	STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
CITY - ST - ZIP		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ANTHONY SANSEVERINO		
1.3 STREET ADDRESS	5500 OLD OCEAN BLVD		
1.4 CITY - ST - ZIP	OCEAN RIDGE FL 33435		
2.1 TITLE	SD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	CATHLEEN HOHIL		
2.3 STREET ADDRESS	5500 OLD OCEAN BLVD		
2.4 CITY - ST - ZIP	OCEAN RIDGE FL 33435		
3.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	MARC WILLIAMS		
3.3 STREET ADDRESS	5500 OLD OCEAN BLVD		
3.4 CITY - ST - ZIP	OCEAN RIDGE FL 33435		
4.1 TITLE	VPD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	EDWARD ROSMARIN		
4.3 STREET ADDRESS	5500 OLD OCEAN BLVD		
4.4 CITY - ST - ZIP	OCEAN RIDGE FL 33435		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Edward Rosmarin* V.P. DATE: **2/9/98**

CR2E037 (10/97)