FILE NOW: FILING FEE IS \$61.25

26

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

21

DOCUMENT # OCEAN AIRE CONDOMINIUM ASSOCIATION I, INC. Principal Place of Business Mailing Address 4208 SOUTH OCEAN BLVD. 4206 SOUTH OCEAN BLVD. 3. Date Incorporated or Qualified HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 <u>12/26/1979</u> 4. FFI Number Applied For NOT APPLICABLE ✓ Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired

Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** 22 27 Added to Fees City & State City & State 7. Is this nonprofit corporation a horpeowners association? ☑ Yes ☐ No 23 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent RONCO, MARY ANN

4206 S OCEAN BLVD #2 HIGHLAND BCH FL 33487

	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						

FILED

Apr 01 1998 8:00am

Secretary of State

Fee Required

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.

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SIGNATURE	Stanature, typed or printed name of registered agent and	1 title if applicable. (NOTE	E: Registered Agent signature require	d when reinstating)	DATE	· · · · · · · · · · · · · · · · · · ·
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	SPADAFINA, ANTHONY	_*	1.2 NAME			
STREET ADDRESS	4206 S. OCEAN BLVD #1	•	1.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH FL		1.4 CITY-ST-ZIP			
TITLE	VD	DELETE	2.1 TITLE		Change Change	Addition
HAME	ACEVIDO, CARLOS		2.2 NAME			
STREET ADDRESS	4206 S. OCEAN BLVD.		2.3 STREET ADDRESS		,	
CITY-ST-ZIP	HIGHLAND BEACH FL		2. 4 CITY-ST-ZIP	¥***		
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	Addition
HAME	RONCO, MARYANN		3.2 NAME			
STREET ADDRESS	4206 S OCEAN BLVD #2		3.3 STREET ADDRESS	•		
CITY-ST-ZIP	HIGHLAND BCH FL		3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CITY-ST-Z#P			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
. TITLE		☐ DELETE	6.1 TITLE	<u> </u>	☐ Change	Addition .
NAME	İ.		6.2 NAME			
ATREET 4 DOOG 60	l .		CA CINCIT ADDRESS			

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:

CITY-ST-ZIP