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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 UNITES COMMUNITY MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US	C/O UNITED COMM MGT CORP 3300 UNIV DR #405 CORAL SPRINGS FL 33065 US

3. Date Incorporated or Qualified: 07/09/1991

4. FEI Number: 65-0235506 ☐ Applied For ☐ Not Applicable

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	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITES COMMUNITY MGT CORP
3300 UNIV DRIVE #405
CORAL SPRINGS FL 33065

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STEWART, LARRY		1.2 NAME	
STREET ADDRESS	1500 N. OCEAN BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NERON, RICHARD		2.2 NAME	
STREET ADDRESS	1500 OCEAN BLVD		2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		2.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STUART, SULS		3.2 NAME	
STREET ADDRESS	1500 OCEAN BLVD #605		3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LAKOWITZ, SUZANNE		4.2 NAME	
STREET ADDRESS	1500 N OCEAN BLVD		4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL		4.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	5.1 TITLE	☐ Change ☑ Addition
NAME	LASTORIA, GINO		5.2 NAME	D Enevold, Mel
STREET ADDRESS	1500 N OCEAN BLVD		5.3 STREET ADDRESS	1500 N. Ocean Blvd #405
CITY-ST-ZIP	POMPANO BCH FL		5.4 CITY-ST-ZIP	Pompano Bch, Fl.
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

14. I hereby certify that the i[nformation] indicated on this annua[l report] officer or director of the [corporation] Block 12 or Block 13 if [applicable]. [The] 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 [on] 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] the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in [Block] an attachment with an address.

SIGNATURE: [illegible] Mary Stevens

CR2E037 (10/97)