

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90174 025 \*\*\*\*61.25

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**DOCUMENT # 708714**

1. Corporation Name

**OCEAN TERRACE BEACH CLUB, INC.**

Principal Place of Business

250 OCEAN TERRACE  
PALM BEACH FL 33480

Mailing Address

250 OCEAN TERRACE  
PALM BEACH FL 33480



2. Principal Place of Business

21 **210 OCEAN TERRACE**

2a. Mailing Address

26 **210 OCEAN TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Palm Beach, FL**

City & State

28 **Palm Beach, FL**

Zip

Country

Zip

Country

24 **33480**

25

29 **33480**

30

3. Date Incorporated or Qualified

**03/26/1965**

4. FEI Number

**65-0680322**

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

9. Name and Address of Current Registered Agent

REGARD, PIERRE DR.  
250 OCEAN TERRACE  
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name **SUZANNE B. JACKSON**

82 Street Address (P.O. Box Number is Not Acceptable)

**210 OCEAN TERRACE**

83

84 City **Palm Beach**

FL

85 Zip Code

**33480**

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, and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **SUZANNE B. JACKSON, SECRETARY/TREASURER** **Feb. 10, 1999**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **REGARD, PIERRE DR.**  
STREET ADDRESS **251 OCEAN TERRACE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **STD** ☐ DELETE  
NAME **JACKSON, SUZANNE B**  
STREET ADDRESS **210 OCEAN TERRACE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **PPD** ☐ DELETE  
NAME **MARTINO, JOEL**  
STREET ADDRESS **109 OCEAN TERRACE**  
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **ROBERT A. G. MONKS**  
1.3 STREET ADDRESS **220 OCEAN TERRACE**  
1.4 CITY-ST-ZIP **Palm Beach, FL 33480**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **DR. BARRY LEONER**  
2.3 STREET ADDRESS **201 OCEAN TERRACE**  
2.4 CITY-ST-ZIP **Palm Beach, FL 33480**

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

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

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

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: **Suzanne B. Jackson** **(Suzanne B. Jackson)** **2/10/99** **(561) 863-1637**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)