

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 749851

1. Entity Name

THE CONDOMINIUM ASSOCIATION OF OCEAN TOWERS, INC

Principal Place of Business

170 NORTH OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address

170 NORTH OCEAN BLVD.
PALM BEACH FL 33480-3946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRUCE PARRISH
105 S NARCICUS AVE STE 701
W. PALM BEACH FL 33402

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME FINCH P.E.
STREET ADDRESS 170 N OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

TITLE D ☐ Change ☒ Addition
NAME Vivian Aufhauser
STREET ADDRESS 139 Sunrise Ave
CITY-ST-ZIP Palm Beach, Fla. 33480

TITLE D ☐ Delete
NAME O'BRIEN, JAMES
STREET ADDRESS 170 NORTH OCEAN BLVD, #307
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME FILARDI, ROBERT
STREET ADDRESS 170 N OCEAN BLVD
CITY-ST-ZIP PALM BCH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FAHERTY, INGE
STREET ADDRESS 170 N OCEAN BLVD 410
CITY-ST-ZIP PALM BCH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ZALEZNIK, BETH
STREET ADDRESS 170 N OCEAN BLVD
CITY-ST-ZIP PALM BEACH FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MURRAY, MARGARET
STREET ADDRESS 139 SUNRISE AVE 303
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert Filardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00
Date

561-833-5588
Daytime Phone #