



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90016 049 ****61.25

DOCUMENT # 734431 1. Entity Name OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC.					
Principal Place of Business 200 CEAN TRAIL WAY, #200 JUPITER, FL 33477			Mailing Address 200 CEAN TRAIL WAY, #200 JUPITER, FL 33477		
2. Principal Place of Business 200 Ocean Trail Way Suite, Apt. #, etc.		3. Mailing Address 200 Ocean Trail Way Suite, Apt. #, etc.			
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 59-1721857	
Zip 33477		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INGLIS, STEVE 1430 COMMERCE LANE STE 1 JUPITER, FL 33458			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Steve Inglis</i></u> 2-6-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIERNAT, JOSEPH 200 OCEAN TRAIL #608 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIKE, BURT 200 OCEAN TRAIL #808 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DR. ARA YARJANIAN 200 Ocean Trail Way Jupiter FL 33477		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANZICA, SAM 200 OCEAN TRL WAY, SUITE 706 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MESSINA, FRANK SR 200 OCEAN TRAIL WAY, #305 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, PATRICK 200 OCEAN TR WAY #404 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIAQUINTO, FRANK 200 OCEAN TRAIL WAY #302 JUPITER, FL 33477	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>[Signature]</i></u> 1/30/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					