
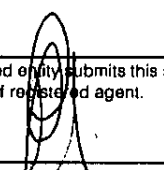
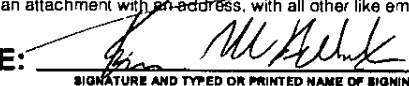


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000002439 1. Entity Name 1350 N. OCEAN BLVD. CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062				Mailing Address 1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-5188504	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GLAZER, ERIC L ESQ 2300 CORPORATE BLVD NW SUITE 282 BOCA RATON, FL 33431				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div> <i>Eric Glazer</i> <small>(NOTE: Registered Agent signature required when re-registering)</small> </div> <div> <i>2/14/08</i> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	APTER, ABBOT G				
STREET ADDRESS	202 W SUPERIOR STREET SUITE 321				
CITY - ST - ZIP	DULUTH, MN 55802				
TITLE	VD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STELMAK, KAREN				
STREET ADDRESS	202 W SUPERIOR STREET SUITE 321				
CITY - ST - ZIP	DULUTH, MN 55802				
TITLE	STD			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPANIER, MAUREEN A				
STREET ADDRESS	202 W SUPERIOR STREET SUITE 321				
CITY - ST - ZIP	DULUTH, MN 55802				
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<i>2/14/08</i> <i>406-284-2403</i> <small>Date Daytime Phone #</small>	