

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729515

Entity Name: NUMBER ONE NORTH OCEAN ASSOCIATION, INC.**Current Principal Place of Business:**150 NORTH OCEAN BLVD.
PALM BEACH, FL 33480**Current Mailing Address:**150 NORTH OCEAN BLVD.
PALM BEACH, FL 33480**FEI Number:** 59-1638486**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEIB, ALDEN
150 N OCEAN BLVD
401
PALM BEACH, FL 33480 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LEIB, ALDEN
Address	150 NO. OCEAN BLVD., #401
City-State-Zip:	PALM BEACH FL 33480

Title	TREASURER
Name	MANNING, BURTON
Address	150 N OCEAN BLVD #202
City-State-Zip:	PALM BEACH FL 33480

Title	SD
Name	BLACKMAN, MARTIN
Address	150 N OCEAN BLVD. #203
City-State-Zip:	PALM BEACH FL 33480

Title	VPD
Name	GURWIN, PHYLLIS
Address	150 NORTH OCEAN #403
City-State-Zip:	PALM BEACH, FL 33480

Title	DIRECTOR
Name	MEYER, EDWARD
Address	150 NORTH OCEAN BLVD. PH3
City-State-Zip:	PALM BEACH FL 33480

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALDEN LEIB**PRESIDENT****02/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date