

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734431

Entity Name: OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC.**Current Principal Place of Business:**200 OCEAN TRAIL WAY
JUPITER, FL 33477**Current Mailing Address:**4440 PGA BLVD SUITE 308
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 59-1721857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FIELDS, GARY D
4440 PGA BLVD SUITE 308
PALM BEACH GARDENS, FL 33410 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 WHIPPLE, GAIL
Address 200 OCEAN TRAIL WAY
STE 200
City-State-Zip: JUPITER FL 33477

Title S
Name BURNS, CHARLEE
Address 200 OCEAN TRAIL WAY
STE 200
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name FOLEY, KATHLEEN
Address 200 OCEAN TRAIL WAY
STE 200
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name PIZANI, JOANNE
Address 200 OCEAN TRAIL WAY
OFFICE 200
City-State-Zip: JUPITER FL 33477

Title T
Name MACGREGOR, ROD
Address 200 OCEAN TRAIL WAY
City-State-Zip: JUPITER FL 33477

Title DIRECTOR
Name PANZICA, SAM
Address 200 OCEAN TRAIL WAY
STE 200
City-State-Zip: JUPITER FL 33477

Title VP
Name KOWALSKI, DAVID M
Address 200 OCEAN TRAIL WAY
STE 200
City-State-Zip: JUPITER FL 33477

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: CHARLEE BURNS**SECRETARY****04/23/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date