

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751745

**Entity Name:** 89 OCEANFRONT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**89 S. ATLANTIC AVE.  
ORMOND BEACH, FL 32176**Current Mailing Address:**89 S. ATLANTIC AVE.  
ORMOND BEACH, FL 32176 US**FEI Number:** 59-2129737**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALOG, SUSAN  
89 S. ATLANTIC AVE.  
ORMOND BEACH, FL 32176 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/D
Name	BALOG, SUSAN
Address	89 S. ATLANTIC AVE. #604
City-State-Zip:	ORMOND BEACH FL 32176

Title	V/D
Name	SHIPS, JOSEPH
Address	89 S. ATLANTIC AVE. #1503
City-State-Zip:	ORMOND BEACH FL 32176

Title	V/D
Name	ANTONIO, SAMUEL
Address	89 S. ATLANTIC AVE. #1401
City-State-Zip:	ORMOND BEACH FL 32176

Title	T/D
Name	PARKER, JANICE
Address	89 S. ATLANTIC AVE. #1206
City-State-Zip:	ORMOND BEACH FL 32176

Title	S/D
Name	OUMEDIAN, SUZANNE
Address	89 S. ATLANTIC AVE. #602
City-State-Zip:	ORMOND BEACH FL 32176

*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:** SUSAN BALOG**PRESIDENT****03/20/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date