## 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. PRESIDENT

SIGNATURE: ELIAS PATOUCHEAS

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: Electronic Signature of Registered Agent **Officer/Director Detail :** 

Officer/Director Detail.			
Title	PD	Title	
Name	PATOUCHEAS, ELIAS	Name	
Address	ONE LAKESHORE CENTER	Address	
City-State-Zip:	BRIDGEWATER MA 02324	City-State	

City-State-Zip:	BRIDGEWATER MA 02324	
Title	STD	
Name	O'DONNELL, MATTHEW STEPHEN	
Address	ONE LAKESHORE CENTER	
City-State-Zip:	BRIDGEWATER MA 02324	

DOCUMENT# N0600002439

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: 1350 N. OCEAN BLVD. CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

ONE LAKESHORE CENTER BRIDGEWATER, MA 02324

## **Current Mailing Address:**

ONE LAKESHORE CENTER BRIDGEWATER. MA 02324 US

## FEI Number: 20-5188504

TALLAHASSEE, FL 32301 US

Name and Address of Current Registered Agent: NATIONAL CORPORATE RESEARCH, LTD., INC. 115 NORTH CALHOUN ST., STE. 4

BRIDGEWATER MA 02324 te-Zip:

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 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

08/08/2016

FILED Aug 08, 2016 Secretary of State CC8105979222

Certificate of Status Desired: No

VD

TOBIAS, KIM

ONE LAKESHORE CENTER

Date

Date