

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000012723

**FILED  
Mar 21, 2017  
Secretary of State  
CC9057523714**

**Entity Name:** OCEANIQUE OCEANFRONT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4180 N A1A  
FT PIERCE, FL 34949

**Current Mailing Address:**

835 20TH PLACE  
VERO BEACH, FL 32960 US

**FEI Number: 20-8067781**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MERRILL, CRAIG  
835 20TH PLACE  
VERO BEACH, FL 32960 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: CRAIG MERRILL**

**03/21/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name COTA, RICHARD  
Address 4160 N A1A  
202  
City-State-Zip: FT PIERCE FL 34949

Title PRESIDENT  
Name SCLAFANI, THOMAS  
Address 4160 N A1A  
902  
City-State-Zip: FT PIERCE FL 34949

Title TREASURER  
Name MAHL, DIANE  
Address 4160 N A1A  
901  
City-State-Zip: FT PIERCE FL 34949

Title SECRETARY  
Name HOCHMAN , JEFFREY  
Address 4160 N HWY A1A  
1101  
City-State-Zip: FT PIERCE FL 34949

*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: THOMAS SCLAFANI**

**P**

**03/21/2017**

Electronic Signature of Signing Officer/Director Detail

Date