

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 344579

**Entity Name:** 2295 SOUTH OCEAN BOULEVARD CORP

**Current Principal Place of Business:**

2295 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480

**Current Mailing Address:**

2295 SOUTH OCEAN BLVD.  
PALM BEACH, FL 33480 US

**FEI Number:** 59-1278985

**Certificate of Status Desired:** No

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

BECKER & POLIAKOFF, P.A.  
1 EAST BROWARD BLVD.  
ATT: KENNETH DIREKTOR SUITE 1800  
FORT LAUDERDALE, FL 33301 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:** KENNETH DIREKTOR

04/12/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BARRACK, HERBERT  
Address        2295 SOUTH OCEAN BLVD #208  
City-State-Zip: PALM BEACH FL 33480

Title           DIRECTOR  
Name           MOJO, TOM  
Address        2295 SOUTH OCEAN BLVD #407  
City-State-Zip: PALM BEACH FL 33480

Title           DIRECTOR  
Name           IVANYI, ELLIN GINSBURG  
Address        2295 SOUTH OCEAN BLVD. #301  
City-State-Zip: PALM BEACH FL 33480

Title           PRESIDENT  
Name           VICARI-TRALONGO, MARIA  
Address        2295 SOUTH OCEAN BLVD., #707  
City-State-Zip: PALM BEACH FL 33480

Title           SECRETARY  
Name           DU PONT, DAVID  
Address        2295 SOUTH OCEAN BLVD. #515  
City-State-Zip: PALM BEACH FL 33480

Title           DIRECTOR  
Name           O'BRIEN, COLM  
Address        2295 SOUTH OCEAN BLVD. #714  
City-State-Zip: PALM BEACH FL 33480

Title           VP  
Name           ALDRIDGE, ALFRED P. III  
Address        2295 SOUTH OCEAN BLVD. #701  
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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARIA VICARI-TRALONGO

PRESIDENT

04/12/2022

Electronic Signature of Signing Officer/Director Detail

Date