## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

701328

(7)

300 SOUTH OCEAN BOULEVARD APARTMENTS, INC.

**FILED** Feb 14 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address					L 100011 10011 00110 11000 1110 11001 1111 01011 01011 01011 01011 01011		
	H OCEAN BLVD CH FL 33480	300 SOUTH OCEAN BL PALM BEACH FL 33480	-				
					3. Date Incorporated or Qualified 04/04/1959	3a. Date of Last 03/13/1	
	Place of Business	2a. Mailing Address	Address		4. FEI Number		
1 26					59-0902393	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State		City & State	¬ ·		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
11 Z <sub>I</sub> p	Country	Zip	Coun	ry	8. This corporation has liability for in		
1	25	29	30			Yes □ No	
	<ol><li>Name and Address of Currer</li></ol>	nt Registered Agent		_	10. Name and Address of New Re	gistered Agent	
			٤	11 Name			
BANISTER, JOHN				12 Street A	Street Address (P.O. Box Number is Not Acceptable)		
WARWICK, BURNS, STEVERSON & BANISTER					,		
140 ROYAL PALM WAY, STE 205			8	13			
	BEACH FL 33480		1	14 City		<b>85</b> Zi	o Code
					propartion submits this statement for the purp board of directors. Thereby accept the appoin	FL   °°   °'	
SIGNATURE	Signature, typed or printed hame of registeral agent	t and the Lapplicable Benja ID DIRECTORS	3.⊪ப்.கி.னம் 13.	yw sigMU i	Lien your Secretary of 1 ADDITIONS/CHANGES TO OFFICE	<b>30ard</b> DERS AND DIRECTO	RS IN 12
TILLE	AS	DELETE	1 1 TITL	E	<b>V</b>	Change	Addition
NAME	MACHON, DANIEL		1.2 NAN	IE	SOO S. OCHAP OLV D		/
STREET ADDRESS			13 STR	EET ADDRESS	300 S. OCHAP OLUB		
CHTY-ST-ZIP	PALM BEACH FL		1.4 CiTY	· ST - ZIP	PALM BEACH, PL		
TITLE	D	DEFELE	2.1 filtu	E		Change	☐ Addition
NAME	ANNAN, ELLEN		2 2 NAM	IE :			
STREET ADDRESS	000 0 00D 111 DE 10		2 3 SIR	EET ADDRESS			
CITY-ST-ZIP	PALM BCH., FL 00000			Y - ST - ZIP			<del></del>
TITLE	T	□ D€LETE	3 1 1(1)			Change	Addition
NAME	COLLINS, BRADLEY		3 2 NAN	-			
STREET ADDRESS	***************************************			ET ADDRESS			
CITY - ST - ZIP	PALM BCH., FL 00000	DELETE	3.4 CIT 4.1 TITL	Y - ST - ZIP		☐ Change	Addition
TITLE NAME	PD DUCHADUE HUBERT	Lapterit	4.1 HIL				Addition
NAME STREET ADDRESS	DUCHARME, HUBERT			EET ADDRESS			
CITY - ST - ZIP	S 300 S OCEAN BLVD PALM BCH., FL 00000			-ST-ZIP			
TITLE	V	DELETE	5 1 TIFL			Change	Addition
NAME	TURNER, FLORENCE		5 2 NAM				-
STHEET ADDRESS	1			EET ADDRESS			
CITY - ST-ZIP	PALM BCH., FL 00000			-ST-ZIP			
Tifue	D	DELETE	6.1 7:11			Change	Addition
NAME	MULLEN, BENJAMIN		6 2 NAM	16			
STREET ADDRESS	•		63 STR	EET ADDRESS			
CITY - ST - ZIF	PALM BEACH FL		6.4 CIT	'-ST-ZIP			
						7:0:41 E. (1 O. )	

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 empower of the execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 33 changed, or on an attacty tent yething address.

**SIGNATURE:** 

rices on Disector

N. J. Mullen, Secretary Daylin e Phone #