**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
Mar 04 1997 8:00 am
Secretary of State

DOCUMENT # 701328 (7)

1. Corporation Name

300 SOUTH OCEAN BOULEVARD APARTMENTS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 300 SOUTH OCEAN BLVD<br>PALM BEACH FL 33480 | 300 SOUTH OCEAN BLVD<br>PALM BEACH FL 33480-4205 |

3. Date Incorporated or Qualified: 04/04/1959
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-0902393 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

BANISTER, JOHN
WARWICK, BURNS, STEVERSON & BANISTER
140 ROYAL PALM WAY, STE 205
PALM BEACH FL 33480

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | AS, and Treasurer | ☐ DELETE | 1.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | MACHON, DANIEL | | 1.2 NAME | Maisch, Albert | |
| STREET ADDRESS | 300 SO. OCEAN BLVD. | | 1.3 STREET ADDRESS | 300 So. Ocean Blvd. | |
| CITY-ST-ZIP | PALM BEACH FL | | 1.4 CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | Director | ☐ Change ☒ Addition |
| NAME | ANNAN, ELLEN | | 2.2 NAME | McLendon, Joyce | |
| STREET ADDRESS | 300 S OCEAN BLVD | | 2.3 STREET ADDRESS | 300 S. Ocean Blvd. | |
| CITY-ST-ZIP | PALM BCH., FL 00000 | | 2.4 CITY-ST-ZIP | Palm Beach, FL 33480 | |
| TITLE | T | ☒ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | COLLINS, BRADLEY (Deceased) | | 3.2 NAME | | |
| STREET ADDRESS | 300 S OCEAN BLVD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BCH., FL 00000 | | 3.4 CITY-ST-ZIP | | |
| TITLE | PD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DUCHARME, HUBERT | | 4.2 NAME | | |
| STREET ADDRESS | 300 S OCEAN BLVD | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BCH., FL 00000 | | 4.4 CITY-ST-ZIP | | |
| TITLE | V | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TURNER, FLORENCE | | 5.2 NAME | | |
| STREET ADDRESS | 300 S OCEAN BLVD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BCH., FL 00000 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D Vice Pres/Secretary | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MULLEN, BENJAMIN | | 6.2 NAME | | |
| STREET ADDRESS | 300 S. OCEAN BLVD. | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM BEACH FL | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Benjamin J Mullen 2-19-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

Benjamin J. Mullen — Daytime Phone # 0039436