

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90206 003 ****61.25

DOCUMENT # 701328

1. Corporation Name

300 SOUTH OCEAN BOULEVARD APARTMENTS, INC.

Principal Place of Business
300 SOUTH OCEAN BLVD
PALM BEACH FL 33480

Mailing Address
300 SOUTH OCEAN BLVD
PALM BEACH FL 33480

167616 . 90206 . 13



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/04/1959	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0902393	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	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
				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGOVERN, STUART	1.2 NAME	
STREET ADDRESS	300 SO. OCEAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, CAROL	2.2 NAME	
STREET ADDRESS	300 S OCEAN BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH., FL 00000	2.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	MAISCH, ALBERT	3.2 NAME	Machon, Daniel
STREET ADDRESS	300 S OCEAN BLVD	3.3 STREET ADDRESS	300 S. Ocean Blvd.
CITY-ST-ZIP	PALM BCH., FL 00000	3.4 CITY-ST-ZIP	Palm Beach, FL 00000 VP
TITLE	ST ☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	MCLENDON, JOYCE	4.2 NAME	McLendon, Joyce
STREET ADDRESS	300 S OCEAN BLVD	4.3 STREET ADDRESS	300 S. Ocean Blvd.
CITY-ST-ZIP	PALM BCH., FL 00000	4.4 CITY-ST-ZIP	Palm Beach, FL 00000 Director
TITLE	D ☒ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	TURNER, FLORENCE	5.2 NAME	Periale, Mary E.
STREET ADDRESS	300 S OCEAN BLVD	5.3 STREET ADDRESS	300 S.Ocean Blvd.
CITY-ST-ZIP	PALM BCH., FL 00000	5.4 CITY-ST-ZIP	Palm Beach, FL 00000
TITLE	P ☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	MULLEN, BENJAMIN	6.2 NAME	Wienert, Theodore
STREET ADDRESS	300 S. OCEAN BLVD.	6.3 STREET ADDRESS	300 S. Ocean Blvd.
CITY-ST-ZIP	PALM BEACH FL	6.4 CITY-ST-ZIP	Palm Beach, FL 00000 Director

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date _____

Daytime Phone # _____

CR2E037 (11/98)