2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 701328

1. Entity Name
300 SOUTH OCEAN BOULEVARD APARTMENTS, INC.

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

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01052006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-0902393

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BANISTER, JOHN
WARWICK, SIMSES, BAUER, & BANISTER
140 ROYAL PALM WAY, STE 205
PALM BEACH, FL 33480

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2006

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

U00000395814
01/27/06-80007-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	SLATER, SUSAN
STREET ADDRESS	300 S OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	D
NAME	MCGINNESS, NEIL
STREET ADDRESS	300 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL
TITLE	S
NAME	KRENER, ROBERT
STREET ADDRESS	300 S OCEAN BLVD
CITY-ST-ZIP	PALM BCH, FL
TITLE	P
NAME	SMITH, WALTER
STREET ADDRESS	300 S. OCEAN BLVD
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VP
NAME	FOSTER, JAMES
STREET ADDRESS	300 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jan McKenzie Building Manager 1/13/2006 561 655 5552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #