2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 25, 2007 8:00 am Secretary of State **DOCUMENT #701328** 01-25-2007 90059 009 ****61.25 300 SOUTH OCEAN BOULEVARD APARTMENTS, INC. Principal Place of Business Mailing Address 40005907 300 SOUTH OCEAN BLVD 300 SOUTH OCEAN BLVD PALM BEACH, FL 33480 PALM BEACH, FL 33480 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 01222007 Chg-NP CR2E037 (12/06) City & State 4. FEI Numbe City & State Applied For 59-0902393 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BANISTER, JOHN WARWICK, SIMSES, BAUER, & BANISTER Street Address (P.O. Box Number is Not Acceptable) 140 ROYAL PALM WAY, STE 205 PALM BEACH, FL 33480 Zip Code FL 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. 335 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete Change TITLE □ Addition Robert Kinlin NAME SLATER, SUSAN NAME 3005. OCEAN Blod PAIM REACH EL & STREET ADDRESS 300 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP D TITLE ☐ Delete TITLE ☐ Change Addition MCGINNESS, NEIL NAME NAME 300 S OCEAN BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH, FL CITY-ST-ZIP S TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KRENER, ROBERT STREET ADDRESS 300 S OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BCH, FL CITY-ST-7/P TITLE TITLE Delete ☐ Change Addition SMITH, WALTER NAME NAME STREET ADDRESS 300 S. OCEAN BLVD STREET ADDRESS CITY-ST-ZIP PALM BEACH, FL 33480 CITY-ST-ZIP VΩ ☐ Delete TITLE TITI F ☐ Change Addition FOSTER, JAMES NAME NAME STREET ADDRESS 300 S. OCEAN BLVD. STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

PALM BEACH, FL 33480

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition

FILED