

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90096 025 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # 701328</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| <b>1. Entity Name</b><br>300 SOUTH OCEAN BOULEVARD APARTMENTS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| <b>Principal Place of Business</b><br>300 SOUTH OCEAN BLVD<br>PALM BEACH, FL 33480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   |                                                                                            | <b>Mailing Address</b><br>300 SOUTH OCEAN BLVD<br>PALM BEACH, FL 33480                                                                                                                                                                 |                                                |                                                                   |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   | <b>3. Mailing Address</b>                                                                  |                                                                                                                                                                                                                                        |                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | Suite, Apt. #, etc.                                                                        |                                                                                                                                                                                                                                        |                                                |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   | City & State                                                                               |                                                                                                                                                                                                                                        |                                                |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Country                                                           | Zip                                                                                        | Country                                                                                                                                                                                                                                | <b>4. FFI Number</b><br>59-0902393             |                                                                   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                            |                                                                                                                                                                                                                                        | <b>\$8.75 Additional Fee Required</b>          |                                                                   |
| <b>6. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                                                            | <b>7. Name and Address of New Registered Agent</b>                                                                                                                                                                                     |                                                |                                                                   |
| BANISTER, JOHN<br><del>WARWICK, SIMSES, BAUER &amp; BANISTER</del><br>140 ROYAL PALM WAY, STE 205<br>PALM BEACH, FL 33480                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                            | Name <u>Banister John</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>Rutherford Mutt Hall</u><br><u>PGA Financial Plaza, Suite 240</u><br><u>3399 PGA Boulevard</u><br>City <u>Palm Beach Gardens</u> FL <u>33410</u> |                                                |                                                                   |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                                                                                        | <b>\$5.00 May Be<br/>Added to Fees</b>         |                                                                   |
| <b>Make check payable to<br/>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                            | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                           |                                                |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | T<br>KINLIN, ROBERT<br>300 S OCEAN BLVD<br>PALM BEACH, FL 33480   | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | D<br>MCGINNESS, NEIL<br>300 S OCEAN BLVD<br>PALM BCH, FL          | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | S<br>KRENER, ROBERT<br>300 S OCEAN BLVD<br>PALM BCH, FL           | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | P<br>SMITH, WALTER<br>300 S. OCEAN BLVD<br>PALM BEACH, FL 33480   | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | VP<br>FOSTER, JAMES<br>300 S. OCEAN BLVD.<br>PALM BEACH, FL 33480 | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                   | <input type="checkbox"/> Delete                                                            |                                                                                                                                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>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 an officer like empowered.</b> |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| <b>SIGNATURE:</b> <u>[Signature]</u> <u>Building Manager</u> <u>1/10/08</u> <u>5616555552</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                                                            |                                                                                                                                                                                                                                        |                                                |                                                                   |