

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90030 005 ****61.25

DOCUMENT # 703200

1. Entity Name

**OCEAN TERRACE CONDOMINIUM ASSOCIATION OF
NAPLES, INC.**



Principal Place of Business

**1500 GULF SHORE BLVD. N.
NAPLES FL 34102
US**

Mailing Address

**1250 TAMiami TRAIL NORTH
211
NAPLES FL 34102
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1160697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONGILLO, KRAUSE LLP
1250 TAMiami TRAIL NORTH #211
NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME IORIO, JENNIFER
STREET ADDRESS 1500 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE VD
NAME SMITH, JOHN
STREET ADDRESS 1500 GULF SHORE BLVD N.
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE SD
NAME DONALDSON, BILL
STREET ADDRESS 1500 GULF SHORE BLVD NO
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE TD
NAME LEWALLEN, ANNE
STREET ADDRESS 1500 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE D
NAME CLARK, NORMA
STREET ADDRESS 1500 GULF SHORE BLVD. N
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Jennifer L. Torio
Jennifer L. Torio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/04
3/9/04

Date

954-753-1423
954-753-1423

Daytime Phone #