

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



**FLORIDA DEPARTMENT OF STATE**  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**95 MAY -1 AM 11:59**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # 709539 (1)**

1. Corporation Name

**THE OCEAN MONARCH CONDOMINIUM INC.**

Principal Place of Business

Mailing Address

**133 N POMPANO BCH  
POMPANO BCH FL 33062  
US**

**133 N POMPANO BCH  
POMPANO BCH FL 33062  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/03/1965**

3a. Date of Last Report

**05/01/1994**

4. FEI Number

**59-1164790**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

Country

**29** Zip

Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHARLES, GLORIA  
133 N POMPANO BCH BLVD  
UNIT 1510  
POMPANO BCH FL 33062**

**81** Name

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

**83**

**84** City

**FL**

**85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**AD**  
**NAME** **ADELWERTH, GEORGE**  
**STREET ADDRESS** **133 N. POMPANO BCH BLVD.**  
**CITY - ST - ZIP** **POMPANO BCH FL**

**1.1 TITLE** **Secretary** ☒ Change ☐ Addition

**1.2 NAME** **Gloria Tanner**

**1.3 STREET ADDRESS** **133 N. Pompano Beach Blvd.**

**1.4 CITY - ST - ZIP** **Pompano Beach, FL 33062**

**D**  
**NAME** **LEMASTRA, CHARLES**  
**STREET ADDRESS** **133 N POMPANO BCH BLVD**  
**CITY - ST - ZIP** **POMPANO BCH FL**

**2.1 TITLE** **Treasurer** ☒ Change ☐ Addition

**2.2 NAME** **Mary Lou Linardi-Thomas**

**2.3 STREET ADDRESS** **133 N. Pompano Beach Blvd.**

**2.4 CITY - ST - ZIP** **Pompano Beach FL 33062**

**VD**  
**NAME** **EDWARDS, JACKSON**  
**STREET ADDRESS** **133 N POMPANO BCH BLVD**  
**CITY - ST - ZIP** **POMPANO BCH FL**

**3.1 TITLE** **President** ☐ Change ☒ Addition

**3.2 NAME** **300001480773**

**3.3 STREET ADDRESS** **-05/17/95--01052--007**

**3.4 CITY - ST - ZIP** **\*\*\*\*130.00 \*\*\*\*130.00**

**SD**  
**NAME** **CHARLES, GLORIA**  
**STREET ADDRESS** **133 N. POMPANO BCH BLVD.**  
**CITY - ST - ZIP** **POMPANO BCH FL**

**4.1 TITLE** **Vice-President** ☒ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY - ST - ZIP**

**D**  
**NAME** **BAILEY, ROBERT**  
**STREET ADDRESS** **133 N POMPANO BCH BLVD**  
**CITY - ST - ZIP** **POMPANO BCH FL**

**5.1 TITLE** **Board Memeber** ☒ Change ☐ Addition

**5.2 NAME** **Joe Trubiana**

**5.3 STREET ADDRESS** **133 N. Pompano Beach Blvd.**

**5.4 CITY - ST - ZIP** **Pompano Beach FL 33062**

**TD**  
**NAME** **CASSIDY, JOHN**  
**STREET ADDRESS** **133 N POMPANO BCH BLVD**  
**CITY - ST - ZIP** **POMPANO BCH FL**

**6.1 TITLE** **Board Memeber** ☒ Change ☐ Addition

**6.2 NAME** **John Locke**

**6.3 STREET ADDRESS** **133 N. Pomapno Beach Blvd.**

**6.4 CITY - ST - ZIP** **Pompano Beach FL 33062**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Jack L. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JACK L. EDWARDS PRES.**

**4/30/95 3059419289**

Daytime Phone #

0019908