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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709539** (1)

1. Corporation Name

THE OCEAN MONARCH CONDOMINIUM INC.



Principal Place of Business 133 N POMPANO BCH POMPANO BCH FL 33062 US	Mailing Address 133 N POMPANO BCH POMPANO BCH FL 33062-5720 US
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3. Date Incorporated or Qualified 09/03/1965	3a. Date of Last Report 07/10/1996
4. FEI Number 59-1164790	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 GLORIA TANNER
82 Street Address (P.O. Box Number is Not Acceptable) 133 N. POMPANO BEACH BLVD
83 UNIT 1102
84 City POMPANO BEACH
85 Zip Code FL 33062

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Gloria Tanner**

3-27-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	TP	<input type="checkbox"/> DELETE
NAME	OPARA, RICHARD	
STREET ADDRESS	133 N. POMPANO BEACH BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	CHARLES, GLORIA	
STREET ADDRESS	183 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WIATROWSKI, ED	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGRINI, EUGENE	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIFENBURGH, RICHARD	
STREET ADDRESS	133 N POMPANO BCH	
CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	DELETED	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EUGENE MAGRINI	
2.3 STREET ADDRESS	133 N. POMPANO BEACH BLVD #1803	
2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARY LOU LINARDI-THOMAS	
5.3 STREET ADDRESS	133 N. POMPANO BEACH BLVD #1111	
5.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
6.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	GLORIA TANNER	
6.3 STREET ADDRESS	133 N. POMPANO BEACH BLVD #1102	
6.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GLORIA TANNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

Date

954-941-9289
Daytime Phone # 0021642

CR2E037 (9/96)