

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91280 023 ****61.25

DOCUMENT # 718143

1. Entity Name

OCEAN CHATEAU OF VERO BEACH, INC.



Principal Place of Business

4049 OCEAN DR
VERO BCH FL 32963

Mailing Address

4049 OCEAN DR
VERO BCH FL 32963

54042778



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1320562

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ALLAN JUDITH D
4049 OCEAN DRIVE
VERO BEACH FL 32963

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

3/12/04

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 ☐ Delete
NAME D
STREET ADDRESS PETERSON, DENA
CITY-ST-ZIP 4049 OCEAN DR
VERO BEACH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS CLASBY, CONSTANCE
CITY-ST-ZIP 4049 OCEAN DRIVE
VERO BEACH FL 32963

TITLE ☐ Delete
NAME PD
STREET ADDRESS ALLAN, JUDITH D
CITY-ST-ZIP 4049 OCEAN DR.
VERO BCH, FL 00000

TITLE ☐ Delete
NAME VD
STREET ADDRESS TINSEY, FRED
CITY-ST-ZIP 4049 OCEAN DR.
VERO BCH, FL 00000

TITLE ☐ Delete
NAME D
STREET ADDRESS VOGEL, ARTHUR P
CITY-ST-ZIP 4049 OCEAN DR.
VERO BCH, FL 00000

TITLE ☐ Delete
NAME D
STREET ADDRESS REIMUS, JAN
CITY-ST-ZIP 4049 OCEAN DRIVE
VERO BEACH FL

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
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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04