

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 719638 (9)
1. Corporation Name
OCEAN TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
200 BEACH RD. TEQUESTA FL 33469 **200 BEACH RD. TEQUESTA FL 33469**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1970		3a. Date of Last Report 04/05/1995	
21		26		4. FEI Number 59-1425414		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

LEFARY, JEFF
200 BEACH ROAD
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

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 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

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	D	<input type="checkbox"/> DELETE
NAME	CLEARY, THOMAS	
STREET ADDRESS	200 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIPPITT, ROBERT	
STREET ADDRESS	200 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARGISH, JACK	
STREET ADDRESS	200 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CARROLL, HOWARD	
STREET ADDRESS	200 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HUGGETT, DONALD	
STREET ADDRESS	200 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEW, RONALD	
STREET ADDRESS	200 BEACH RD	
CITY-ST-ZIP	TEQUESTA, FL 00000	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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:

D.R. Huggett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 26/96

Date

561-746-6361

Daytime Phone #

CR2E037 (12/95)