

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # 719638

1. Entity Name

OCEAN TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

200 BEACH RD.
TEQUESTA FL 33469

Mailing Address

200 BEACH RD.
TEQUESTA FL 33469



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1425414

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFARY, JEFF
200 BEACH ROAD
TEQUESTA FL 33469

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 is required when constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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 VPTD ☐ Delete
NAME BETANZOS, LOUIS
STREET ADDRESS 200 BEACH RD
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D ☐ Delete
NAME VARGISH, JACK
STREET ADDRESS 200 BEACH RD
CITY-ST-ZIP TEQUESTA, FL 00000 33469

TITLE SD ☐ Delete
NAME CULBERSON, HENRY F
STREET ADDRESS 200 BEACH RD
CITY-ST-ZIP TEQUESTA FL 33469

TITLE P ☐ Delete
NAME VON MEDING, WILLIAM
STREET ADDRESS 200 BEACH RD
CITY-ST-ZIP TEQUESTA FL 33469

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME UN00000861237
STREET ADDRESS 04/03/08-80001-006 61.25
CITY-ST-ZIP

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

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

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CITY-ST-ZIP

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 exemptions contained in Section 119, 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, 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: *William von Meding* (WILLIAM VON MEDING) March 6, 2008