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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # 720624 (6)

1. Corporation Name

3900 CONDOMINIUM ASSN INC

Principal Place of Business	Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/31/71	3a. Date of Last Report
4. FEI Number: 59-1347894	☐ 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
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 O.N.S. MANAGEMENT ASSOCIATES, INC.	26 O.N.S. MANAGEMENT ASSOCIATES, INC.
22 3900 WOODLAKE BLVD., SUITE 201	27 3900 WOODLAKE BLVD., SUITE 201
23 City & State: LAKE WORTH, FL 33463	28 City & State: LAKE WORTH, FL 33463
24 Zip	29 Zip 30 County

9. Name and Address of Current Registered Agent

GILBERT, JOE

O.N.S. MANAGEMENT ASSOCIATES, INC.
3900 WOODLAKE BLVD., SUITE 201
LAKE WORTH, FL 33463

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 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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	11 TITLE	PD ☒ Change ☐ Addition
NAME	HENKE, ED	12 NAME	HENKE ED
STREET ADDRESS	3930 N. OCEAN DR	13 STREET ADDRESS	3930 N. OCEAN DRIVE
CITY ST ZIP	RIVIERA BCH FL	14 CITY ST ZIP	RIVIERA BCH FL
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JENKOVICH, JOE	22 NAME	
STREET ADDRESS	3930 N. OCEAN DR	23 STREET ADDRESS	
CITY ST ZIP	RB FL	24 CITY ST ZIP	
TITLE	AD	31 TITLE	VD ☒ Change ☐ Addition
NAME	BLANSFIELD, CHARLES	32 NAME	BLANSFIELD, CHARLES
STREET ADDRESS	3930 N. OCEAN DR	33 STREET ADDRESS	3930 N. OCEAN DR
CITY ST ZIP	RB FL	34 CITY ST ZIP	RB FL
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	HEUSER, AL	42 NAME	
STREET ADDRESS	3930 N. OCEAN DR	43 STREET ADDRESS	
CITY ST ZIP	RB FL	44 CITY ST ZIP	
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	GIACOMINI, JOHN	52 NAME	
STREET ADDRESS	3930 N. OCEAN DR	53 STREET ADDRESS	
CITY ST ZIP	RB FL	54 CITY ST ZIP	
TITLE	AGENT	61 TITLE	☐ Change ☐ Addition
NAME	GILBERT JOE	62 NAME	
STREET ADDRESS	3900 BLVD EAST WOODLAKE #105	63 STREET ADDRESS	
CITY ST ZIP	LWP FL	64 CITY ST ZIP	

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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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Joe Gilbert JOE GILBERT AGENT 3/31/95 407 641-8554

SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #