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Apr 14 1997 8:00am
Secretary of State

WAP

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morganham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724324 (9)
1. Incorporating Name
OCEAN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 100 BEACH ROAD TEQUESTA FL 33469	Mailing Address 100 BEACH ROAD TEQUESTA FL 33469-3543
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3. Date Incorporated or Qualified 09/12/1972	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21	2a. Mailing Address 26 c/o Bell-Camp Financial	4. FEI Number 59-1577088	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 900 E Indiantown Rd	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28 Jupiter, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 33477	Country 30

9. Name and Address of Current Registered Agent RITCHIE, ROBERT JR. 100 BEACH ROAD TEQUESTA FL 33469	10. Name and Address of New Registered Agent 81 Name Theresa Campbell 82 Street Address (P.O. Box Number is Not Acceptable) 900 E Indiantown Rd Suite 210 83 84 City Jupiter FL 85 Zip Code 33477
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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 *Theresa Campbell* DATE **3/7/97**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME RITCHIE, ROBERT JR.	1.1 TITLE PD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 100 BEACH ROAD #902	CITY-ST-ZIP TEQUESTA FL	1.2 NAME JERRY MATHIS	1.3 STREET ADDRESS 100 BEACH ROAD #601
TITLE TD	NAME FIELDS, M EARL	1.4 CITY-ST-ZIP TEQUESTA FL	2.1 TITLE VP/D
STREET ADDRESS 100 BEACH RD #901	CITY-ST-ZIP TEQUESTA FL	2.2 NAME MARZIALI	2.3 STREET ADDRESS
TITLE D	NAME MARZIALI, ARIS	2.4 CITY-ST-ZIP	3.1 TITLE VP/D
STREET ADDRESS 100 BEACH RD 803	CITY-ST-ZIP TEQUESTA FL	3.2 NAME	3.3 STREET ADDRESS
TITLE SD	NAME MATHIS, JOYCE M.	3.4 CITY-ST-ZIP	4.1 TITLE SD
STREET ADDRESS 100 BEACH ROAD	CITY-ST-ZIP TEQUESTA FL	4.2 NAME MARGARET MACK	4.3 STREET ADDRESS 100 BEACH ROAD #104
TITLE D	NAME HART, DON	4.4 CITY-ST-ZIP TEQUESTA FL	5.1 TITLE
STREET ADDRESS 100 BEACH RD 203	CITY-ST-ZIP TEQUESTA FL	5.2 NAME	5.3 STREET ADDRESS
TITLE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE	NAME	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

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: *Joyce M. Mathis* DATE: **2-14-97** DAYTIME PHONE: **561-747-2355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

4/14/97

BK Dep \$ 61.25