FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #1. Corporation Name

2. Principal Place of Business

(9)

2a. Mailing Address

OCEAN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

FILED Feb 12 1998 8:00am Secretary of State

59-1577088

5. Certificate of Status Desired

Principal Place of Business	Mailing Address	
00 BEACH ROAD EQUESTA FL 33469	C/O BELL-CAMP FINANCIAL 900 E INDIANTOWN RD. SUITE 210 JUPITER FL 33477	3. Date Incorporated or Qualified 09/12/1972
	HS	4. FEI Number Applied For

		1	1			1	
2	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
3	City & State	28	City & State			7. Is this nonprofit corporation a homeowners association?	
- -	Zip Country 25	29	Zip Co	ountry		8. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Current	Regi	stered Agent			10. Name and Address of New Registered Agent	_
				81	Name		_
CAMPBELL, THERESA JR. 900 E INDIANTOWN RD. SUITE 210		82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	JUPITER FL 33477			83			_
				84	City	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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
12.	OFFICERS AND DI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD	DELETE	1.1 TITLE	Change Addition					
NAME	MATHIS, JERRY		1.2 NAME						
STREET ADDRESS	100 BEACH ROAD #601		1.3 STREET ADDRESS						
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP						
TITLE	TD	DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME	FIELDS, M EARL		2.2 NAME						
STREET ADDRESS	100 BEACH RD #901		2.3 STREET ADDRESS						
CITY-ST-ZIP	TEQUESTA FL		2.4 CITY-ST-ZIP						
TITLE	VPD	☐ DELETE	3.1 TITLE	Change Addition					
NAME	Marzialli, aris		3.2 NAME						
STREET ADDRESS	100 BEACH RD 803		3.3 STREET ADDRESS						
CITY-ST-ZIP	TEQUESTA FL		3.4. CITY-ST-ZIP						
TITLE	SD	☐ DELETE	4.1 TITLE	Change Addition					
NAME	MACK, MARGARET		4. 2 NAME						
STREET ADDRESS	100 BEACH ROAD #104		4.3 STREET ADDRESS						
CITY-\$1-ZIP	TEQUESTA FL 33469		4.4 CITY-ST-ZIP						
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition					
NAME	HART, DON		5.2 NAME						
STREET ADDRESS	100 BEACH RD 203		5.3 STREET ADDRESS						
CITY-ST-ZIP	TEQUESTA FL		5.4 CITY-ST-ZIP						
TITLE		DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME			6.2 NAME	·					
STREET ADDRESS			6.3 STREET ADDRESS						
A 1			I						

14. 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 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.

Not Applicable

\$8.75 Additional