


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2004 08:00 AM
Secretary of State

DOCUMENT # 724324 1. Entity Name *** OCEAN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 100 BEACH ROAD TEQUESTA FL 33469	Mailing Address C/O BRISTOL MANAGEMENT 1930 COMMERCE LANE #1 JUPITER FL 33477 US
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MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-1577088	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
INGLIS, STEVE BRISTOL MANAGEMENT 1930 COMMERCE LANE #1 JUPITER FL 33458

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VPD	<input type="checkbox"/>
NAME	CLIGGOTT, RICHARD	<input type="checkbox"/>
STREET ADDRESS	100 BEACH ROAD #501	<input type="checkbox"/>
CITY - ST - ZIP	TEQUESTA FL	<input type="checkbox"/>
TITLE	PD	<input type="checkbox"/>
NAME	MARZIALI, ARIS	<input type="checkbox"/>
STREET ADDRESS	100 BEACH RD 803	<input type="checkbox"/>
CITY - ST - ZIP	TEQUESTA FL	<input type="checkbox"/>
TITLE	D	<input type="checkbox"/>
NAME	ROSS, DOTTIE	<input type="checkbox"/>
STREET ADDRESS	100 BEACH RD PH-A	<input type="checkbox"/>
CITY - ST - ZIP	TEQUESTA FL 33469	<input type="checkbox"/>
TITLE	SD	<input type="checkbox"/>
NAME	LOVE, JAMES	<input type="checkbox"/>
STREET ADDRESS	100 BEACH ROAD, #303	<input type="checkbox"/>
CITY - ST - ZIP	TEQUESTA FL 33469	<input type="checkbox"/>
TITLE	TD	<input type="checkbox"/>
NAME	MCELWANEY, KING	<input type="checkbox"/>
STREET ADDRESS	100 BEACH RD #104	<input type="checkbox"/>
CITY - ST - ZIP	TEQUESTA FL 33469	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS	U00000040196	<input type="checkbox"/>
CITY - ST - ZIP	02/09/04-80036-018 61.25	<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		<input type="checkbox"/>
CITY - ST - ZIP		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 or 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: *Aris Marzalli* 2/5/04 *561-525-3551*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #