


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 724324</b> 1. Entity Name OCEAN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 100 BEACH ROAD TEQUESTA, FL 33469		Mailing Address C/O BRISTOL MANAGEMENT 1930 COMMERCE LANE #1 JUPITER, FL 33477 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
INGLIS, STEVE BRISTOL MANAGEMENT 1930 COMMERCE LANE #1 JUPITER, FL 33458				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
				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 required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		
NAME	CLIGGOTT, RICHARD		NAME		
STREET ADDRESS	100 BEACH ROAD #501		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	MARZIALI, ARIS		NAME		
STREET ADDRESS	100 BEACH RD 803		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	ROSS, DOTTIE		NAME		
STREET ADDRESS	100 BEACH RD PH-A		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	LOVE, JAMES		NAME		
STREET ADDRESS	100 BEACH ROAD, #303		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	HARRIS, JEFF		NAME		
STREET ADDRESS	100 BEACH ROAD PHC		STREET ADDRESS		
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: _____			Date: 4/24/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # _____		



01232006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1577088 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

100000505847  
04/26/06-80183-004 61.25