

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724324

FILED
Mar 31, 2009
Secretary of State

Entity Name: OCEAN TOWERS SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 BEACH ROAD
TEQUESTA, FL 33469

New Principal Place of Business:

Current Mailing Address:

C/O BRISTOL MANAGEMENT
1930 COMMERCE LANE #1
JUPITER, FL 33477 US

New Mailing Address:

FEI Number: 59-1577088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INGLIS, STEVE
BRISTOL MANAGEMENT
1930 COMMERCE LANE #1
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: GLENN, RON
Address: 100 BLEACH ROAD #301
City-St-Zip: TEQUESTA, FL 33469

Title: PD () Delete
Name: MARZIALLI, ARIS
Address: 100 BEACH RD 803
City-St-Zip: TEQUESTA, FL

Title: D () Delete
Name: ROSS, DOTTIE
Address: 100 BEACH RD PH-A
City-St-Zip: TEQUESTA, FL 33469

Title: D () Delete
Name: HARRIS, JEFF
Address: 100 BEACH RD., PH-C
City-St-Zip: TEQUESTA, FL 33469

Title: TD () Delete
Name: CULLEN, MIMI
Address: 100 BEACH RD., 402
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIMI CULLEN

TD

03/31/2009

Electronic Signature of Signing Officer or Director

Date