

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 727684 (3)  
1. Corporation Name  
OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
C/O RODRIGUEZ KINZBRUNNER & CO.  
1325 S CONGRESS AVE SUITE 202  
BOYNTON BCH FL 33426

Mailing Address  
C/O RODRIGUEZ KINZBRUNNER & CO.  
1325 S CONGRESS AVE SUITE 202  
BOYNTON BCH FL 33426

3. Date Incorporated or Qualified  
10/08/1973

3a. Date of Last Report  
05/01/1995

4. FEI Number  
59-1589541

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 639 E. Ocean Ave  
Suite, Apt. #, etc.  
22 Suite 204  
City & State  
23 Boynton Beach  
Zip  
24 FL 33136  
Country  
25 USA

2a. Mailing Address  
26 639 E. Ocean Ave  
Suite, Apt. #, etc.  
27 Suite 204  
City & State  
28 Boynton Beach FL  
Zip  
29 33136  
Country  
30 USA

9. Name and Address of Current Registered Agent

KINZBRUNNER, ZENA C  
1325 S. CONGRESS AVE.  
SUITE 202  
BOYNTON BCH FL 33426

10. Name and Address of New Registered Agent

81 Name  
Zena Kinzbrunner  
82 Street Address (P.O. Box Number is Not Acceptable)  
639 E. Ocean Ave  
83 Suite 204  
84 City  
Boynton Beach FL  
85 Zip Code  
33136

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 Zena Kinzbrunner DATE 4/22/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	DULWORTH, DAVID	5500 OLD OCEAN BLVD OCEAN RIDGE FL		<input type="checkbox"/>
VPD	DOYLE, KEVIN	5500 OLD OCEAN BLVD OCEAN RIDGE FL		<input type="checkbox"/>
STD	BURGASSER, JOAN	5500 OLD OCEAN BLVD OCEAN RIDGE FL		<input type="checkbox"/>
VPD	LEMAN, JOHN	5500 OLD OCEAN BLVD OCEAN RIDGE FL		<input type="checkbox"/>
D	FISHER, BRIAN	5500 OLD OCEAN BLVD OCEAN RIDGE FL		<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SD	ELAINE SANSEVERINO	5500 OLD Ocean Blvd Ocean Ridge, FL		<input checked="" type="checkbox"/>
TD	Henry Leary	5500 OLD Ocean Blvd Ocean Ridge, FL		<input checked="" type="checkbox"/>
D	Steve Turner	5500 OLD Ocean Blvd Ocean Ridge, FL		<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Henry Leary, Treasurer  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (12/95)