

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90069 023 \*\*\*\*61.25

|   |   |   |
|---|---|---|
| <b>NONPROFIT<br/>CORPORATION<br/>ANNUAL REPORT<br/>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|---|---|---|

**DOCUMENT # 727684**

1. Corporation Name

**OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.**

2906/6 - 90043 - 20

|   |   |
|---|---|
| Principal Place of Business<br>306 E BOYNTON BCH BLVD<br>BOYNTON BCH FL 33435<br>US | Mailing Address<br>306 E BOYNTON BCH BLVD<br>BOYNTON BCH FL 33435<br>US |
|---|---|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>10/08/1973  |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-1589541  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |
| Country<br>29                        | Country<br>30             |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROMKO & PORTER, INC.**  
**306 E. BOYNTON BEACH BLVD**  
**BOYNTON BCH FL 33435**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | FL          |

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/19/99

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------|---|---|
| TITLE                      | PD                   | 1.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | SANSEVERINO, ANTHONY | 1.2 NAME  |   |
| STREET ADDRESS             | 5500 OLD OCEAN BLVD  | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCEAN RIDGE FL 33435 | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                   | 2.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | HOHL, CATHLEEN       | 2.2 NAME  |   |
| STREET ADDRESS             | 5500 OLD OCEAN BLVD  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCEAN RIDGE FL 33435 | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | TD                   | 3.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | WILLIAMS, MARC       | 3.2 NAME  |   |
| STREET ADDRESS             | 5500 OLD OCEAN BLVD  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCEAN RIDGE FL 33435 | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VPD                  | 4.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | ROSMARIN, EDWARD     | 4.2 NAME  |   |
| STREET ADDRESS             | 5500 OLD OCEAN BLVD  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCEAN RIDGE FL 33435 | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                    | 5.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       | STEVE TURNER         | 5.2 NAME  |   |
| STREET ADDRESS             | 5500 OLD OCEAN BLVD  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | OCEAN RIDGE FL       | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 6.4 CITY-ST-ZIP                                       |   |

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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Henry J. Leary, Treasurer* 3/31/99

Date

Daytime Phone #

561 734-0457

CR2E037 (1/98)