

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

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90663 018 ****61.25

DOCUMENT # 727684

1. Entity Name

OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

660 LINTON BLVD.
STE. #207
DELRAY BEACH FL 33444
US

Mailing Address

660 LINTON BLVD.
STE. #207
DELRAY BEACH FL 33444
US

2. Principal Place of Business

5500 OLD OCEAN BLVD.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OCEAN RIDGE, FL

Zip
33432

Country

PALM BEACH

City & State

Zip

Country

4. FEI Number

59-1589541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACCURATE ACCOUNTING ASSOCIATES
660 LINTON BLVD.
STE. #207
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name: ACCURATE ACCOUNTING & TAX AFFILIATES
Street Address (P.O. Box Number is Not Acceptable)
660 LINTON BLVD. STE 207
City: DELRAY BEACH FL Zip Code: 33444

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: B. T. Mahby, CPA BENJAMIN T. MAHBY, CPA 04-07-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANSEVERINO, ANTHONY 5500 OLD OCEAN BLVD OCEAN RIDGE FL 33432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROSMARIN, EDWARD 5500 OLD OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HOHIL, CATHLEEN 5500 OLD OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEMEINHARDT, PAUL 5500 OLD OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOHIL, RAY 5500 OLD OCEAN BLVD OCEAN RIDGE FL 33435	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BILL VISCOMI 5500 OLD OCEAN BLVD. OCEAN RIDGE, FL 33432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HENRY LEARY 5500 OLD OCEAN BLVD. OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: PAUL G. GEMEINHARDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 10, 2004
Date

772-220-9147
Daytime Phone #