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NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

728833

(5)

l	1. Corporation Name									
SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.										
COOTT COLDINITION ACCOUNTION INC.) TOPISH (BOYS) (HOUS PETER 1918) (TOTA OLEAS DIONAL		
Principal Place of Business Mailing Address								ITAG ISH FIGUR	I BAR MININ MENIN M	IIRKI BIRII IRRI
1839 SOUTH OCEAN BOULEVARD 1839 SOUTH OCEAN BOULEVARD										
DELRAY BEACH FL 33483-6537 DELRAY BEACH FL 33483-6537							3. Date Incorporated or Qualified			
				3001			02/15/1974			
							4. FEI Number			pplied For
O Drive stand 5	Plane of Province	6- N-W		,			59-1597006			ot Applicable
2. Principal Place of Business 2a. Mailing A			ng Address	Address			5. Certificate of Status Desired			Additional equired
Suite, Apt. #, etc. Suite, Apt. #, etc.			, Apt. #, etc.				6. Election Campaign Financing	3	\$5.00	
22 27							Trust Fund Contribution		Added to	
City & State City & State			& State				7. Is this nonprofit corporation a homeowners association?			
			28				☐ Yes ☐ No			
Zìp	Country	Zip		Count	ry		8. This corporation owes or has	paid the cu		
24	25	29		30			Personal Property Tax due Ju			No
	9. Name and Address of Curr	ent Registered	Agent		d 1 N		10. Name and Address of New	Registered	Agent	
CHICK	EDVECT O			8	1 Name					
	ERNEST G.			8	82 Street Address (P.O. Box Number is Not Acceptable)					
100 NE 5TH AVENUE SUITE A-1				8	3					
DELRAY BEACH FL 33483				L						
					84 City FL 85 Zip Code					
11. Pursuant	to the provisions of Sections 617.0	502 and 617.150	08, Florida Statut	es, the abo	ve-named	corpor	ation submits this statement for th	e purpose o	of changing it	ts registered
agent. La	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	igations of, Sect	ion 617.0503, Flo	orida Statut	es.	poration	is board or directors, thereby ac-	cebrule abi	John Hiller Las	registered
SIGNATURE .										
										
12.	Signature, typed or printed name of registered of OFFICERS A				gent signature	Deriuper s	when reinstading) ADDITIONS/CHANGES TO OF	DATE FICERS ANI	DIRECTOR	S IN 12
12.	OFFICERS A	ND DIRECTORS	3	13.			ADDITIONS/CHANGES TO OF			
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4. I hereby certify that the information supplied with his 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 suppliering langual 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 corporatory for 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 a fatter profile in a paddress.

SIGNATURE:

UNE REQUIRED

1-9-98

CR2E037 (10/97)

FILED

Jan 30 1998 8:00am

Secretary of State