


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728833 (5) 1. Corporation Name SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1839 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6537			Mailing Address 1839 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6537		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/15/1974 4. FEI Number 59-1597006 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SIMON, ERNEST G. 100 NE 5TH AVENUE SUITE A-1 DELRAY BEACH FL 33483			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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					
12. OFFICERS AND DIRECTORS TITLE T/D TREASURER <input type="checkbox"/> DELETE NAME KANEB, GEORGE T STREET ADDRESS P O BOX 176 NA CITY-ST-ZIP MASSENA NY TITLE VD <input checked="" type="checkbox"/> DELETE NAME GIBSON, GEORGE STREET ADDRESS 41 STONEHURST RD CITY-ST-ZIP GROSSE PT SHRS, MICH 00000 TITLE P/D <input type="checkbox"/> DELETE NAME DIBONA, RICHARD T. STREET ADDRESS 1839 SO OCEAN BLVD. CITY-ST-ZIP DELRAY BEACH FL TITLE VP/D <input type="checkbox"/> DELETE NAME JIM WRIGHT STREET ADDRESS 1839 S. Ocean Blvd. CITY-ST-ZIP Delray Beach, FL 33483 TITLE D/S <input type="checkbox"/> DELETE NAME ED ELSEY STREET ADDRESS 1839 S. Ocean Blvd. CITY-ST-ZIP Delray Beach, FL 33483 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME Jim Wright 4.3 STREET ADDRESS 1839 S. Ocean Blvd. 4.4 CITY-ST-ZIP Delray Beach, FL 33483 5.1 TITLE D/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME Ed Elsey 5.3 STREET ADDRESS 1839 S. Ocean Blvd. 5.4 CITY-ST-ZIP Delray Beach, FL 33483 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

1-9-98

CR2E037 (10/97)