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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

339734 - 90122 - 10

DOCUMENT # 728833

1. Corporation Name

SOUTH OCEAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1839 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6537	1839 SOUTH OCEAN BOULEVARD DELRAY BEACH FL 33483-6537

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/15/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1597006 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMON, ERNEST G. 100 NE 5TH AVENUE SUITE A-1 DELRAY BEACH FL 33483	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~P~~ S D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KANEB, GEORGE T		1.2 NAME		
STREET ADDRESS	P O BOX 176 NA		1.3 STREET ADDRESS		
CITY-ST-ZIP	MASSENA NY		1.4 CITY-ST-ZIP		
TITLE	VPD ~~Sec~~ PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, JIM		2.2 NAME		
STREET ADDRESS	1839 S OCEAN BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-ST-ZIP		
TITLE	~~PD~~ VPD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIBONA, RICHARD T.		3.2 NAME		
STREET ADDRESS	1839 SO OCEAN BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	4.1 TITLE	DS	☐ Change ☒ Addition
NAME	ELSEY, ED		4.2 NAME	SNYDER, MITCH	
STREET ADDRESS	1839 SOUTH OCEAN BOULEVARD		4.3 STREET ADDRESS	1839 SOUTH OCEAN BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33483-6537		4.4 CITY-ST-ZIP	DELRAY BEACH, FLORIDA 33483	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [illegible] **REQUIRED** 3-14-99 272-0152
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #