

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0021160

DOCUMENT # 728989

1. Entity Name
OCEAN SOUNDS CONDOMINIUM ASSOCIATION, INC.



FILED

04 MAR 23 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1770 S. OCEAN BLVD
POMPANO BEACH FL 33062

Mailing Address
1770 S. OCEAN BLVD
POMPANO BEACH FL 33062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1546716

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLY, HUGH M
1770 S. OCEAN BLVD. #606
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

500030965885

City

03/24/04--01016--017 **61.25
FL

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 _____
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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLY, HUGH M	
STREET ADDRESS	1770 S. BLVD #606	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAUEL, CLAY	
STREET ADDRESS	1770 S. OCEAN BLVD., APT 508	
CITY-ST-ZIP	POMPANO BCH., FL 33062	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HARTIG, ANTHONY J	
STREET ADDRESS	1770 S. OCEAN BLVD. #702	
CITY-ST-ZIP	POMPANO BCH., FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERBERT, SMITH J	
STREET ADDRESS	1770 S. OCEAN BLVD. #705	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	BECEIRO, ALEX	
STREET ADDRESS	1400 SW 99TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Nancy Lanza	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1770 S. OCEAN BLVD APT 101	
STREET ADDRESS	POMPANO BCH, FL 33062	
CITY-ST-ZIP		
TITLE	Cathy KUPPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1770 SOUTH OCEAN BLVD	
STREET ADDRESS	POMPANO BEACH, FL 33062	
CITY-ST-ZIP	APT 301	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cathy Kups*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-17-04

CR2E037 (10/02)