FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

731965

(0)

100 OCEAN ROAD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address						1 IDB II IDBOB IPB B#G DIIB DIIU	WIN BIR! BIR! BIR!	FII 8191) 91911 1881
1 TURTLE BEACH ROAD 1 TURTLE BEACH ROAD								
VERO BEA	CH FL 32963	VERO BEACH FL 32963						
						Incorporated or Qualified 02/24/1975	3a. Date of Las 04/24/	
2 Dringing F	Place of Puripose	2a. Mailing Address			4. FELN		04/24/	Applied For
Principal Place of Business The Principal Place of Business		26. Walling Address			59-1650181 Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ficate of Status Desired	\$8.7	5 Additional	
22		27		J. Certi	licate or Status Desired		Required	
City & State		Oity & State		l l	tion Campaign Financing	******* (
Zip Country		Zip Country			t Fund Contribution	Add	ed to Fees	
24	25 29 30			ountry 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
15.71	9. Name and Address of Currer					ne and Address of New R	egistered Agent	
			81	Name				
ROSE,	MICHAEL		82	Street	Address (P.O. Bo	ox Number is Not Acceptable	e)	
	TLE BEACH ROAD		83					
VERO	BCH FL 32963		63					
			84	City			FL 85 Z	ip Code
11. Pursuan	t to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	the above	named c	orporation submit	ts this statement for the purp	nose of changing its	registered office
or registi familiar v	ered agent, or both, in the State of Flori vith, and accept the obligations of, Sect	da. Such change was authorized tion 617.0503, Florida Statutes.	by the corp	oration's	s board of directo	rs. I hereby accept the appo	nitment as registere	d agent. s am
SIGNATURE							,	
12.	Signature, typied or printed name of registered agon	rand title Lapplicable (NOTE) ID DIRECTORS	Registered Age	nt signature	required when reinstation	g) ITHONS/CHANGES TO OFFI	DATE CERS AND DIRECT	OBS IN 12
TITLE	PD	DELETE 1.1			V/D	THOMS OF WICEOUT OF THE	Change	
NAME	BARTLETT, RALPH T.	1.21			17.0			_
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 00000		14 CITY-ST-ZIP					
TITLE	-		2 1 TITLE				☐ Change	☐ Addition
NAME	MARRS, DOUGLAS C	_	2 2 NAME					
STREET ADDRESS		2	2 3 STREE					
CITY-ST-ZIP	VERO BEACH, FL 00000	MDELETE	2 4 CITY - ST - ZIP 3 1 TITLE				Change	☐ Addition
TITLE							☐ Change	[] Addition
NAME OXDEST ADDOSES	BROCKMAN, ROSEANNE B		3.2 NAME					
STREET ADDRESS	100 000 1110 1100		3.3 STREE	I ADDRESS				
CITY-ST-ZIP	VERO BEACH, FL 00000			S1 - ZIP	5.45		☑ Change	Addition
	*U		4.1 TITLE 4. 2 NAME	;	P/D		₩ onange	
NAME CTREET ADDRESS				1 address	1			
STREET ADDRESS	VERO BEACH, FL 00000		4.4 CITY -					
CITY-ST-ZIP TITLE	AS	DELETE 511		or uf	<u> </u>		☐ Change	Addition
NAME	BARKER, JOHN E		5.2 NAME				_ •	_
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY -					
TITLE	AS	DELETE	6 1 TITLE		<u> </u>		☐ Change	Addition
NAME	ROSE, MICHAEL	_	6.2 NAME				_	
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP	VERO BCH, FL 00000		6 4 CITY -					
44 144 544	also see 16 , that the information a maked	with this files is yet satesity furnic			ralify for the average	otion stated in Section 119	07/31/k) Florida Stat	utos I further

. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 13 if charteed, or of an attachment with an address.

SIGNATURE:

Michael L. Rose

April 16, 1996

407-231-1666

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Daytime Phone #

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