3-3-95 0-1801-C

FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED AND FILED

'95 MAR -3 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738942 (2)

1. Corporation Name

OCEANTREE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3400 N OCEAN DR. SINGER ISLAND FL 33404-0201	3400 N OCEAN DR. SINGER ISLAND FL 33404-0201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/04/1977
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1745332 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOLLENGARDEN, PETER C
C/O BECKER, POLIA
450 AUSTRALIAN AVE S 7TH FL
W PALM BCH. FL 33401

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 607.0502 and 607.1508, 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 607.0505, 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	11 TITLE	President	☐ Change ☐ Addition
NAME	~~KAUFFMAN, MURRAY~~	12 NAME	Elizabeth Manziano	
STREET ADDRESS	3400 N OCEAN DRIVE	13 STREET ADDRESS	same	
CITY-ST-ZIP	SINGER ISLD, FL 00000	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE	Treasurer	☐ Change ☐ Addition
NAME	~~MANZIANO, ELIZABETH~~	22 NAME	Donald Levin	
STREET ADDRESS	3400 N OCEAN DRIVE	23 STREET ADDRESS	same	
CITY-ST-ZIP	SINGER ISLD, FL 00000	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LIFSON, THEODORE	32 NAME		
STREET ADDRESS	3400 N OCEAN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLD, FL 00000	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	~~LEVIN, DONALD~~	42 NAME	Gene Hansen	
STREET ADDRESS	3400 N OCEAN DRIVE	43 STREET ADDRESS	same	
CITY-ST-ZIP	SINGER ISLD, FL 00000	44 CITY-ST-ZIP		
TITLE	SD	51 TITLE		☐ Change ☐ Addition
NAME	LARRY SERES	52 NAME		
STREET ADDRESS	3400 N OCEAN DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLD, FL 00000	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	Vice President	☐ Change ☐ Addition
NAME	MARANO, ANTHONY	62 NAME		
STREET ADDRESS	3400 N OCEAN DRIVE	63 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLD FL	64 CITY-ST-ZIP		

14. I (we) 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)(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 alteration.

SIGNATURE: [signature] 2/27/95 (407) 845-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047849