FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

3. Date Incorporated or Qualified: 05/04/1977
3a. Date of Last Report: 03/03/1995
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
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
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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~~

-Edward-Dicker
St-John-King-&
Dicker
500-Australian-Ave

10. Name and Address of New Registered Agent

81 Name: Edward Dicker
82 Street Address (P.O. Box Number is Not Acceptable): St John King & Dicker
83: 500 Australian Ave South #600
84 City: West palm Beach FL 85 Zip Code: 33401

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 617.0505, Florida Statutes.

SIGNATURE: Edward Dicker of St John King & Dicker DATE: 4/22/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	P	☐	2.1 TITLE	TD	☒ Change ☒ Addition
NAME	MANZIANO, ELIZABETH		2.2 NAME	Philip Wolf	
STREET ADDRESS	3400 N OCEAN DRIVE		2.3 STREET ADDRESS	3400 N Ocean Dr	
CITY-ST-ZIP	SINGER ISLD, FL 00000		2.4 CITY-ST-ZIP	Singer Island, FL 33404-3201	
TITLE	TD	XX	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LEVIN, DONALD		3.2 NAME	Lillian Pironti	
STREET ADDRESS	3400 N OCEAN DRIVE		3.3 STREET ADDRESS	3400 N Ocean Dr	
CITY-ST-ZIP	SINGER ISLD, FL 00000		3.4 CITY-ST-ZIP	Singer Island, FL 33404-3201	
TITLE	D	X	4.1 TITLE		☐ Change ☐ Addition
NAME	LIFSON, THEODORE		4.2 NAME	000001795516	
STREET ADDRESS	3400 N OCEAN DRIVE		4.3 STREET ADDRESS	-04/26/96--01014-040	
CITY-ST-ZIP	SINGER ISLD, FL 00000		4.4 CITY-ST-ZIP	***61.25	
TITLE	D	☐	5.1 TITLE	SD	☒ Change ☒ Addition
NAME	HANSEN, GENE		5.2 NAME	Howard S Cohen	
STREET ADDRESS	3400 N OCEAN DRIVE		5.3 STREET ADDRESS	3400 N Ocean Dr	
CITY-ST-ZIP	SINGER ISLD, FL 00000		5.4 CITY-ST-ZIP	~~Singer Island, FL 33404-3201~~	
TITLE	SD	☐	6.1 TITLE		☐ Change ☐ Addition
NAME	LARRY SERES		6.2 NAME		
STREET ADDRESS	3400 N OCEAN DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	SINGER ISLD, FL 00000		6.4 CITY-ST-ZIP		
TITLE	VP	☐			
NAME	MARANO, ANTHONY				
STREET ADDRESS	3400 N OCEAN DRIVE				
CITY-ST-ZIP	SINGER ISLD FL				

4-25-96

CR2E037 (12/95)

14. 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Howard S. Cohen 04/11/96 407 845-6050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #