

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 17, 2005 8:00 am
Secretary of State

04-18-2005 90266 042 ****61.25

DOCUMENT # 742090

1. Entity Name
OCEAN SURF CONDOMINIUM, INC.



Principal Place of Business
313 JACKSON STREET
HOLLYWOOD, FL 33019

Mailing Address
313 JACKSON STREET
HOLLYWOOD, FL 33019

DO NOT WRITE IN THIS SPACE

66043400



03212005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1875148

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAUCHER, ISABELLE
313 JACKSON ST
HOLLYWOOD, FL 33019

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GAUGHAN, JAMES
STREET ADDRESS	322 VIRGINIA ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	VO
NAME	CAHEN, NORMA
STREET ADDRESS	312 VIRGINIA STREET
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	SD
NAME	BOUFFARD, FRAN
STREET ADDRESS	316 VIRGINIA ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	TD
NAME	BENEDUCE, VIRGINIA
STREET ADDRESS	317 JACKSON ST JACKSON ST.
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	MALD
NAME	PETRUSIC, TONY
STREET ADDRESS	322 VIRGINIA ST
CITY-ST-ZIP	HOLLYWOOD, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Virginia Beneduce* *Treas.* VIRGINIA Beneduce 6/14/05 954-920-5034
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #