- 2000 Oldi Olili DOO	TECO ILEI OI	100	
DOCUMENT # 743250			FILEU
1. Entity Name  Condominium		ELIVÉTARY OF STATE HIJISTON OF CORPORATION	
			00 1111 27 114 10: 02
Principal Place of Business	Mailing Address		00 JUL 27 AM 10: 03
<u>.</u>	_		·
Ocean Mist Condominium Assoc., Inc.			
2. Principal Place of Business	47407 0441 0		DEMICTATE
107 Inlet Way Suite, Apt. #, etc.	Suite, Apt. #, etc.		REINSTATEMENT 99.00
#4	0: 00:	<del></del> -	
City & State Palm Beach Shores, Fl	City & State Loxahatchee,	Fl	4. FEI Number Applied For   Not Applicable
Zip Country	Zip 33470	Country US	5 Certificate of Status Desired \$8.75 Additional
33404 US  6. Name and Address of Current	<del></del>		7. Name and Address of New Registered Agent
		Name	Carl L. Coley
· · · · · · · · · · · · · · · · · · ·		Street A	ddress (P.O. Box Number is Not Acceptable)
			107 Inlot Way #4
		City	<b>₽</b> Zip Code
	<del></del>	<u> </u>	Palm Bch. Shores FL 33404
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.			
Call Colour Com I colour Drop 7 10 2000			
SIGNATURE Signature, typed or printed name of registered agent a	and title if applicable (NOTE: I		L. Coley Pres. 7-10-2000  ure required when reinstating)  DATE
			4
FILE NOW:	S. Election Campaign F  Trust Fund Contribution		\$5.00 May Be Make Check Payable to Added to Fees Department of State
FEE IS \$61.25	indact and Commodit	1011. <b>—</b>	Added to Fees Department of State
10. OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE , NAME	☐ Delete	TITLE . Name	President D
STREET ADDRESS	(,	STREET ADDRESS	107 Inlet Way #4
CITY-SI-ZIP		CITY-ST-ZIP	Palm Beach Shores, F1333404
4000033503	349 1	TITLE NAME	Vice President ☐ Change ☐ Addition ☐ □
ZINSEL VDDNEZZ   "DB\D3\D0\011	)04016 ****297.50	STREET ADDRESS	Michael Manley 107 Inlet Way #2
****297.5U	*****CJ1:50	CITY-ST-ZIP	2.8.S., F1 33404
NAME	Delete	NAME '	-Neoredry
STREET ADDRESS		STREET ADDRESS CITY-ST-ZIP	Dick Malisher 107 Inlet Way #1
CITY-ST-ZIP TITLE		TITLE	P.B.S., F1 33404
NAME	C Dolete	NAME	Treasurer
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	Richard Breault 107 Inlet Way #3 P.B.S.; Fl 33404
TITLE 5	Delete	TITLE	Change Addition
NAME		NAME	
STREET ADDRESS 7 CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	In XIU
TITLE .	Delete	TITLE	Change Addition
NAME		NAME	J
STREET ADDRESS   CITY-ST-ZIP ,		STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with	this filing does not qualify for the	he exemption sta	ted 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: SIGNATURE: OLD C. COLY CARL C. COLEY 561-848-2000			