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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **744972**

1. Corporation Name
OCEANS III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O J.M.D. PROPERTIES. INC. 885 S.E. 6TH AVENUE. SUITE E DELRAY BEACH FL 33483	C/O J.M.D. PROPERTIES. INC. 885 S.E. 6TH AVENUE. SUITE E DELRAY BEACH FL 33483

2. Principal Place of Business
21 935 Sweetwater Ln #103
Suite, Apt. #, etc.
22 Boca Raton FL
City & State
23 33431
Zip 24 Country 25

2a. Mailing Address
26 P.O.B. 186
Suite, Apt. #, etc.
27 Boca Raton FL
City & State
28 33429
Zip 29 Country 30

3. Date Incorporated or Qualifed
11/16/1978

4. FEI Number
59-1884029
☐ Applied For
☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DAGHER, JOSEPH M
J.M.D. PROPERTIES, INC.
885 S.E. 6TH AVENUE, SUITE E
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name: Michele Burda
82 Street Address (P.O. Box Number is Not Acceptable): 935 Sweetwater Lane #103
83 Boca Raton FL
84 City: Boca Raton FL **FL** 85 Zip Code: 33431

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 617.0503, Florida Statutes.

SIGNATURE: Michelle Burda, President — 4/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BURDA, MICHELLE		1.2 NAME	
STREET ADDRESS	935 SWEETWATER LN #103		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, DONALD		2.2 NAME	
STREET ADDRESS	57 BUTTERS RON		2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON MA 01887		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CORKUM, MARK		3.2 NAME	
STREET ADDRESS	941 SWEETWATER LANE #206		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Michelle Burda, President — 4/26/99 — 561-368-1155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

MICHELLE BURDA, PRESIDENT