

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 748075 (9)**

1. Corporation Name  
**800 OCEAN PLACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**800 N OCEAN BLVD  
DELRAY BCH FL 33483  
US**

Mailing Address  
**800 N OCEAN BLVD  
DELRAY BCH FL 33483  
US**

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25**

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

3. Date Incorporated or Qualified  
**07/13/1979**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2003733**

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

9. Name and Address of Current Registered Agent  
**AMES, SHANE  
800 N. OCEAN BLVD #5  
DELRAY BCH FL 33483**

10. Name and Address of New Registered Agent  
**81** Name **POLLACK, MELVIN**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**800 N. OCEAN BLVD. #1**  
**83**  
**84** City **DELRAY BEACH** **FL** **85** Zip Code **33483**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 *Melvin Pollack* **Melvin Pollack** **8 APR 96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	AMES, SHANE	
STREET ADDRESS	800 N OCEAN BLVD #5	
CITY - ST - ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TAFT, MAURA	
STREET ADDRESS	800 N OCEAN BLVD #1	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAMIG, PAUL	
STREET ADDRESS	800 N. OCEAN BLVD #8	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	POLLACK, MELVIN	
1.3 STREET ADDRESS	800 N. OCEAN BLVD. #1	
1.4 CITY - ST - ZIP	DELRAY BEACH, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AMES, SHANE	
2.3 STREET ADDRESS	800 N. OCEAN BLVD. #5	
2.4 CITY - ST - ZIP	DELRAY BEACH, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROMANO, JOHN	
3.3 STREET ADDRESS	800 N. OCEAN BLVD. #3	
3.4 CITY - ST - ZIP	DELRAY BEACH, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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: *Melvin Pollack* **Melvin Pollack** **8 APR 96** **407-272-7618**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)