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Apr 15, 1999 8:00 am
Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 748075

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

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/13/1979

4. FEI Number

59-2003733

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

9. Name and Address of Current Registered Agent

POLLACK, MELVIN
 800 NORTH OCEAN BLVD
 SUITE 1
 DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name **SHANE AMES**
 82 Street Address (P.O. Box Number is Not Acceptable)
800 NORTH OCEAN BLVD.
 83 **SUITE 5**
 84 City **DELRAY BEACH** FL 85 Zip Code **33483**

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

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

SHANE AMES

4/12/99

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | POLLACK, MELVIN | |
| STREET ADDRESS | 800 NORTH OCEAN BLVD #1 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | AMES, SHANE | |
| STREET ADDRESS | 800 NORTH OCEAN BLVD SUITE 5 | |
| CITY-ST-ZIP | DELRAY BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | ROMANO, JOHN | |
| STREET ADDRESS | 800 NORTH OCEAN BKVD #3 | |
| 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 | AMES, SHANE | |
| 1.3 STREET ADDRESS | 800 NORTH OCEAN BLVD. # 5 | |
| 1.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | ROMANO, JOHN | |
| 2.3 STREET ADDRESS | 800 NORTH OCEAN BLVD. # 3 | |
| 2.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | ABELL WILLIAM | |
| 3.3 STREET ADDRESS | 800 NORTH OCEAN BLVD. # 4 | |
| 3.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 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 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:

SIGNATURE REQUIRED

4/12/99

561-274-6444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)