


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED  
95 APR 26 PM 12:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 748798 (6)  
1. Corporation Name  
OCEAN TERRACE NORTH CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address  
3115 SOUTH OCEAN BLVD HIGHLAND BCH FL 33487 3115 SOUTH OCEAN BLVD HIGHLAND BCH FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1978 3a. Date of Last Report 03/28/1994

4. FEI Number 59-2063836 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30 Country

9. Name and Address of Current Registered Agent  
EVANS, DAVID  
3115 SOUTH OCEAN BOULEVARD  
HIGHLAND BEACH 33487

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANKEL, SHARI	1.2 NAME	Doris Alpert
STREET ADDRESS	3115 S. OCEAN BLVD., #801	1.3 STREET ADDRESS	3115 S. Ocean Blvd 904
CITY-ST-ZIP	HIGHLAND BCH. FL	1.4 CITY-ST-ZIP	Highland Bch. FL 33487
TITLE	<del>VD</del>	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>VANALDERWERELT, DAAN</del>	2.2 NAME	Arnold Holan
STREET ADDRESS	<del>3115 S OCEAN BLVD 1204</del>	2.3 STREET ADDRESS	3115 S. Ocean Blvd. 701
CITY-ST-ZIP	<del>HIGHLAND BCH. FL</del>	2.4 CITY-ST-ZIP	Highland Bch. FL 33487
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDILNSKY, SIDNEY	3.2 NAME	
STREET ADDRESS	3115 S OCEAN BLVD #901	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH. FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSKOVITZ, CHARLES	4.2 NAME	
STREET ADDRESS	3115 S OCEAN BLVD #505	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH. FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ALBERT	5.2 NAME	
STREET ADDRESS	3115 S. OCEAN BLVD, 1104	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BEACH FL	5.4 CITY-ST-ZIP	
TITLE	<del>VD</del>	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET, SHIRLEY	6.2 NAME	
STREET ADDRESS	3115 S OCEAN BLVD #703	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH. FL	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 110.07(3)(b), 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: Arnold Holan 4/13/95 407-273-3892  
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (City and State)