

FILE NOW: FILING FEE IS \$61.25

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Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748798 (6)**

1. Corporation Name  
**OCEAN TERRACE NORTH CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>3115 SOUTH OCEAN BLVD HIGHLAND BCH FL 33487</b>	Mailing Address <b>3115 SOUTH OCEAN BLVD HIGHLAND BCH FL 33487-2502</b>
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3. Date Incorporated or Qualified <b>09/05/1979</b>	3a. Date of Last Report <b>03/28/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2063836</b>	Applied For <input type="checkbox"/>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CAPT JOE BISHOP  
3115 SOUTH OCEAN BLVD  
HIGHLAND BEACH FL 33487**

10. Name and Address of New Registered Agent

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

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]* **3-20-97** DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ALPERT, DORIS	
STREET ADDRESS	3115 S. OCEAN BLVD #904	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOLAN, ARNOLD	
STREET ADDRESS	3115 S. OCEAN BLVD #701	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDILINSKY, SIDNEY	
STREET ADDRESS	3115 S OCEAN BLVD #901	
CITY-ST-ZIP	HIGHLAND BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MOSKOVITZ, CHARLES	
STREET ADDRESS	3115 S OCEAN BLVD #505	
CITY-ST-ZIP	HIGHLAND BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KAPLAN, ALBERT	
STREET ADDRESS	3115 S. OCEAN BLVD, 1104	
CITY-ST-ZIP	HIGHLAND BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARGARET, SHIRLEY	
STREET ADDRESS	3115 S OCEAN BLVD #703	
CITY-ST-ZIP	HIGHLAND BCH. FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOLAN ARNOLD	
1.3 STREET ADDRESS	3115 S. OCEAN BLVD #901	
1.4 CITY-ST-ZIP	HIGHLAND BEACH, FLA.	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KAPLAN ALBERT	
2.3 STREET ADDRESS	3115 SOUTH OCEAN BLVD #1104	
2.4 CITY-ST-ZIP	HIGHLAND BEACH, FLA.	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOSKOVITZ CHARLES	
3.3 STREET ADDRESS	3115 SOUTH OCEAN BLVD #401	
3.4 CITY-ST-ZIP	HIGHLAND BEACH, FLA.	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CABOT JOSEPH	
4.3 STREET ADDRESS	3115 S. OCEAN BLVD # 501	
4.4 CITY-ST-ZIP	HIGHLAND BEACH, FLA	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	COWANT LYNN	
5.3 STREET ADDRESS	3115 S. OCEAN BLVD. #103	
5.4 CITY-ST-ZIP	HIGHLAND BEACH, FLA	
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 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.

SIGNATURE: *[Signature]* **3/20/97** **(561)276-6761**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)