## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 **DOCUMENT #** 

748958

(6)

1. Corporation Name									
OCEAN TOWNHOUSES ASSOCIATION, INC.									
							A I BINA IBIA BINA	1881   1808   1808   1818   1	HAN BIAN BIAN IAN
Principal Place of Business Mailing Address						1 (8811 18811 811	W: 1\$?!Q  \$!Q  B!!\$!		liāte Giāti ātāti lāāt
520 N OCEAN BLVD 520 N OCEAN BLVD									
POMPANO BEACH FL 33062 POMPANO BEACH FL 33062									
						3. Date Incorporated	d or Qualified	3a. Date of Li	ast Report
						09/18/197	79	10/30	)/1995
	ace of Business	2a.	Mailing Address			4. FEI Number			Applied For
21			26			59-19292	83		Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite. Apt. #, etc.			5. Certificate of Stat	us Desired		75 Additional
22			City 9 State					F(	ee Required
City & State			City & State			6. Election Campaig	-		.00 May Be
Zip Country			Zip Country			Trust Fund Contri		AC	Ided to Fees
24	25	29	2.10	30		8. This corporation to Florida Statutes		ntangible tax unde ] Yes □ No	r s. 199.032,
9. Name and Address of Current						10. Name and Address of New Registered Agent			
				81	Name			-	
BECKER, POLIAKOFF - STREITFELD, P.A.				82	Street	Address /P.O. Box Number is	Not Acceptable	0)	
	ANDREWS AVE. (P.O. BOX 90			62	Otroca	Address (P.O. Box Number is Not Acceptable)			
FT LAUD FL 33310-6057				83					
•	• • • • • • • • • • • • • • • • • • • •			84	City			los	Zip Code
					,			FL!!	·
11. Pursuant t	to the provisions of Sections 617.050	2 and 617	7.1508, Florida Statute	s, the above-r	named c	orporation submits this statem	ent for the purp	ose of changing it	ts registered office
familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Sei	rida. aucii ction 617.0	i change was authorize 0503, Florida Statutes.	ed by the corp	oration s	board of directors, i nereby a	ccept the appoi	intment as registe	red agent. ( am
SIGNATURE									
12.	Signature, typed or printed name of registered age				it signature	required when reinstating)	·····	DATE CONTROL	
TITLE	OFFICERS A	ND DIHLU	DELETE	13.		ADDITIONS/CHAI	NGES TO OFFIC	CERS AND DIREC	
NAME	P Servilio, deborah		Пресен	1.1 TITLE 1.2 NAME				☐ Chang	ge 🗌 Addition
STREET ADDRESS 520 NORTH OCEAN BLVD UNIT 18				1.2 NAME 1.3 STREET ADDRESS					
CITY-ST-ZIP	POMPANO BEACH FL	JINII 10							
TITLE	D POMPANO BEACH PL		₩DELETE	1.4 CITY - S 2 1 TITLE	1 - 219	T)		Chanc	ne Addition
NAME	SARDANO, JOSEPH		<u></u>	2.2 NAME		BONNIE BUT	rT.S UA	VIVIL	ge [   Nounter
STREET ADDRESS	520 N. OCEAN BLVD. UNIT	18		2 3 STREET	ADDRESS.	D BONNIE BUT 520 NORTH O	CEAN B	3LVD	
CITY-ST-ZIP	POMPANO BEACH FL			2 4 CITY-5		POHPANO BE	ACH, F.	L	
TITLE	T		<b>™</b> DELETE	3 1 TITLE					e Addition
NAME	MARTIN, ROMAN			3 2 NAME		HARRIET FORA	1AN	VA WAIT	2
STREET ADDRESS	520 NORTH OCEAN BLVD U	JNIT 10		3.3 STREET	ADDRESS	HARRIET FORM	ENN DE	0,00	«C
CITY-ST-ZIP	POMPANO BEACH FL			3.4. C!TY-S	ST-ZIP	POMPANO BEACH	, FL		
TITLE	SD		DELETE	4 1 TITLE				Chang	e 🔲 Addition
NAME	BYRNE, PATRICK			4 2 NAME					
STREET ADDRESS	2511 N.E. 31ST COURT			4 3 STREET	ADDRESS				1
CITY-ST-ZIP	LIGHTHOUSE POINT FL			4.4 CITY - S	T - Z1P				
TITLE	D		<b>₩</b> OELETE	5 1 TITLE		ASS'T T MORRIS YUDEL SAD NORTH OF POMPANO BEF	SON	<b>☑</b> Chang	je 🔲 Addition
NAME	BISCHOFF, TOMAS			5.2 NAME		MORKIS 40 DE	EAN BL	NP UNI	T 13
STREET ADDRESS	520 N. OCEAN BLVD. UNIT	<b>#</b> 6		5.3 STREET	address	Jao NOKITI OR	AU EI		
CITY-ST-ZIP	POMPANO BEACH FL			5 4 CITY - S	T-ZIP	POMPANO BET	ICH, FL		
TITLE			DELETE	6 1 TITLE				Chang	je 🔲 Addition
NAME				6 2 NAME					
STREET ADDRESS				6 3 STREET	address				
CITY-ST-ZIP	v certify that the information supplied	La Shia Alan	fitted in such a to 2. f	6 4 CITY-S		I's s. div.	<u> </u>	76.11	

I do nereby 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: Acharak Jerulio DEBORAH SERVILIO, PRES 5/6/96 954-183-0012