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Mar 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748958 (6) 1. Corporation Name OCEAN TOWNHOUSES ASSOCIATION, INC.					
Principal Place of Business 520 N OCEAN BLVD POMPAÑO BEACH FL 33062			Mailing Address 520 N OCEAN BLVD POMPAÑO BEACH FL 33062-4639		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/18/1979 3a. Date of Last Report 05/14/1996 4. FEI Number 59-1929283 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 BECKER, POLIAKOFF - STREITFELD, P.A. 6520 N. ANDREWS AVE. (P.O. BOX 9057) FT LAUD FL 33310-6057				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE ☐ DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE ☐ DELETE 1.6 NAME 1.7 STREET ADDRESS 1.8 CITY - ST - ZIP 1.9 TITLE ☐ DELETE 1.10 NAME 1.11 STREET ADDRESS 1.12 CITY - ST - ZIP 1.13 TITLE ☐ DELETE 1.14 NAME 1.15 STREET ADDRESS 1.16 CITY - ST - ZIP 1.17 TITLE ☐ DELETE 1.18 NAME 1.19 STREET ADDRESS 1.20 CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 2.5 TITLE ☐ Change ☐ Addition 2.6 NAME 2.7 STREET ADDRESS 2.8 CITY - ST - ZIP 2.9 TITLE ☐ Change ☐ Addition 2.10 NAME 2.11 STREET ADDRESS 2.12 CITY - ST - ZIP 2.13 TITLE ☐ Change ☐ Addition 2.14 NAME 2.15 STREET ADDRESS 2.16 CITY - ST - ZIP 2.17 TITLE ☐ Change ☐ Addition 2.18 NAME 2.19 STREET ADDRESS 2.20 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: <u>Morris Yudelson</u> MORRIS YUDELSON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E037 (9/96)