## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 05 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748958

(6)

OCEAN TOWNHOUSES ASSOCIATION, INC.

Principal Plac	e of Business	N	Mailing Address						1861 1913 <b>9</b> 1814 6181	I QIQEL BIDEL		
O N OCEAN (			O N OCEAN BLVD				f	3. Date Incorporated or Qualific	ed			
OMPANO BEACH FL 33062			POMPANO BEACH FL 33062					09/18/1979				
								4. FEI Number			Applied For	
A District D	Name of David	1 6						59-1929283	<del></del> .		Not Applicable	
Principal Place of Business			2a. Mailing Address					5. Certificate of Status Desired			5 Additional	
Sulte, Apt. #, etc.			Suite, Apt. #, etc.							<u> </u>	Required	
- Cano, , o.c.			27					<ol> <li>Election Campaign Financin Trust Fund Contribution</li> </ol>	g 		O May Be d to Fees	
City & State			City & State					7. Is this nonprofit corporation				
a			28					Yes No				
Žip	Country		Zip	C	ountry	,		8. This corporation owes or has	s paid the cur	rent year	Intangible	
4	25	29		30				Personal Property Tax due J	une 30.	Yes	□ No _	
	9. Name and Address of Current	Regi	stered Agent	<u> </u>	10. Name and Address of New Registered Age							
					81		(° .	DAVID TANGOR	4. P.A			
BECKER, POLIAKOFF - STREITFELD, P.A.					82 Street Ad			ss (P.O. Box Number is Not Acce	otable)			
	ANDREWS AVE. (P.O. BOX 9057)		83				-SOUTHRAST 1871	2 Cour	<u> </u>			
FT LAUD	FL 33310-6057				0.3	7	FOR	- LANDREDALA	Fr.	3	3316.	
					84	City			FL	<b>65</b> Zi	ip Code	
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida</li> </ol>						a-named	corpor	ation submits this statement for the		changing	g its registered	
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	i Flori ions c	rida. Such change was a of, Section 617.0503, Fix	autnoriz orida St	ed by atutes	the corp 3.	poration	i's board of directors. I hereby ac	cept the app	ointment i	as registered	
SIGNATURE		117	) Agn Gor	A	rA	٠.			1/20/98	,		
	Signature, typed or printed name of registered agent					nt signature	beriuper e	when reinstating)	DATE		550 11 70	
I 2.	OFFICERS AND	DIHE	DELETE	13	TITLE		<u> </u>	ADDITIONS/CHANGES TO OF	-FICERS AND	Chang		
NAME	SERVILIO, DEBORAH				NAME		No	DELSON, MORRIS	. 2		c L Addition	
STREET ADDRESS	520 NORTH OCEAN BLVD UNIT	40				ADDRESS	1	ON OCRAN BE	UD #13			
CITY-ST-ZIP	POMPANO BEACH FL	10			CITY-S		12	MPAND BEACH.	FL 33	5062		
ITLE	D		DELETE	_	TITLE	1	ת		·	Chang	e Addition	
NAME	BUTTS, BONNIA			2.2	NAME		Bo	NNIR BUTTS BLUE	# 11			
STREET ADDRESS	520 N OCEAN BLVD #16			2.3	STREET	ADDRESS	52	ON OCRAN SCO.	0 76			
CITY-ST-ZIP	POMPANO BEACH FL			2.4	CITY-S	ST-ZIP	Por	MPANO BRACIT, FC	- 23062	٤		
TITLE	T		☐ DELETE	3.1	TITLE		1			Chang	e Addition	
VAME	FORMAN, HARRIET			3.2	NAME		80	· FORMAN A	10#21	ð		
STREET ADDRESS	520 N OCEAN BLVD UNIT 20			3.3	STREET	address	52	ON OCRAN GC		1-		
CITY - ST - ZIP	POMPANO BEACH FL			_	CITY-S	37-ZIP	fo	mpano Bracel, +	C330			
ITLE	SD		☐ DELETE		TITLE		23	ERVILIO DEBOR	41	Change	je 🔲 Addition	
VAME	BYRNE, PATRICK				NAME		YE	W NOCKAN BU	10 #8	′		
STREET ADDRESS	2511 N.E. 31\$T COURT					ADDRESS		NPANO BRACIL	FL 3:	3060		
CITY-ST-ZIP	LIGHTHOUSE POINT FL AT		DELETE		CITY-SI TITLE	1 - ZIP	TON	Whiten Merch		☐ Change		
NAME	YUDELSON, MORRIS		been		NAME	]	121	NUKSON, SHAPPS	A 1		· Hrodition	
STREET ADDRESS	520 N OCEAN BLVD #13					ADDRESS	53	IN N OCASNIB		10		
CITY-ST-ZIP	POMPANO BEACH FL				CITY-SI		Pa	OWANO BRACH	FL3	3067	2	
	-1		C Carlery	_			<del> </del>		<del>/ •</del>	<del>~~~</del>		

14. I hereby certify that the information supplied with this filling 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:

\*\*Morror\*\*

\*\*Comparison\*\*

\*\*C

6.3 STREET ADDRESS