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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748958

1. Corporation Name
OCEAN TOWNHOUSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
520 N OCEAN BLVD POMPANO BEACH FL 33062	520 N OCEAN BLVD POMPANO BEACH FL 33062

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/18/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1929283 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

TANGORA, C D
200 SOUTHEAST 18TH CT
FT LAUDERDALE FL 33316

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SERVILIO, DEBORAH		1.2 NAME		
STREET ADDRESS	520 NORTH OCEAN BLVD UNIT 18		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BUTTS, BONNIA		2.2 NAME	JOE CANNON	
STREET ADDRESS	520 N OCEAN BLVD #16		2.3 STREET ADDRESS	520 N OCEAN BLVD #6	
CITY-ST-ZIP	POMPANO BEACH FL 33062		2.4 CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	☑ DELETE	3.1 TITLE	T	☑ Change ☐ Addition
NAME	FORMAN, HARRIET		3.2 NAME	SOL FORMAN	
STREET ADDRESS	520 N OCEAN BLVD UNIT 20		3.3 STREET ADDRESS	520 N OCEAN BLVD	
CITY-ST-ZIP	POMPANO BEACH FL 33062		3.4. CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	SD	☑ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BYRNE, PATRICK		4. 2 NAME		
STREET ADDRESS	2511 N.E. 31ST COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YUDELSON, MORRIS		5.2 NAME		
STREET ADDRESS	520 N OCEAN BLVD #13		5.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GLUCKSON, SHARON		6.2 NAME		
STREET ADDRESS	520 N OCEAN BLVD 10		6.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO FL 33062		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/26/99 (954) 781-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #