

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 748958 1. Entity Name OCEAN TOWNHOUSES ASSOCIATION, INC.					
Principal Place of Business 520 N OCEAN BLVD POMPAÑO BEACH, FL 33062			Mailing Address C/O BLAIR MGMT 601 NE 26TH AVE POMPAÑO BEACH, FL 33062		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Ocean Townhouses Assoc, Inc Suite, Apt. #, etc. 520 N. Ocean Blvd		05122005 REIN-NP CR2E099 (6/04)	
City & State Pompano Beach, FL		City & State Pompano Beach, FL		4. FEI Number 59-1929283	
Zip 33062		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 8111 STIRLING ROAD FT LAUDERDALE, FL 33312			7. Name and Address of New Registered Agent Name Becker & Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 Stirling Rd. City Ft. Lauderdale FL Zip Code 33312-6525		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 6/3/05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CANNON, JOE 520 N OCEAN BLVD #6 POMPAÑO BEACH, FL 33062	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 300056037533 06/10/05--01083--001 **236.25	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHURCH, LINDA 520 N OCEAN BLVD #12 POMPAÑO BEACH, FL 33062	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D Church, Glenda 520 N. Ocean Blvd #12 Pompano Beach, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, MOULTON III 520 N OCEAN BLVD #20 POMPAÑO BEACH, FL 33062	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Sorrentino, Louis 520 N. Ocean Blvd # 8 Pompano Beach, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Spell, KURT 520 N. Ocean Blvd #20 Pompano Beach, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Privas, Janet 520 N. Ocean Blvd #10 Pompano Beach, FL 33062	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	☐ Change ☐ Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Glenda Church 5-12-05 954-785-9026 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED

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SECRETARY OF STATE
FLORIDA

4/14/04 90642 001 61.25



05122005 REIN-NP CR2E099 (6/04)

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)

City
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

FILE NOW!!! FEE IS \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
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STREET ADDRESS
CITY-ST-ZIP

PTD
CANNON, JOE
520 N OCEAN BLVD #6
POMPAÑO BEACH, FL 33062

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VPD
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520 N OCEAN BLVD #12
POMPAÑO BEACH, FL 33062

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

S/T/D
Church, Glenda
520 N. Ocean Blvd #12
Pompano Beach, FL 33062

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TITLE
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DAVIS, MOULTON III
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Sorrentino, Louis
520 N. Ocean Blvd # 8
Pompano Beach, FL 33062

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