FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 759496 (3)

1. Corporation Name

OCEAN SOUND CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19900 BEACH ROAD TEQUESTA FL 33469	19900 BEACH ROAD TEQUESTA FL 33469

3. Date Incorporated or Qualified: 08/06/1981

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21

Suite, Apt. #, etc. — 22

City & State — 23

Zip — 24 Country — 25

2a. Mailing Address — 26

Suite, Apt. #, etc. — 27

City & State — 28

Zip — 29 Country — 30

4. FEI Number: 59-2145893 ☐ Applied For ☐ Not Applicable

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

GORDON, MARTIN
19900 BEACH ROAD
TEQUESTA FL 33469

Cohen, Edwin
19900 Beach Rd
Tequesta Fl 33469

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 Edwin Cohen 4-8-96

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~GORDON, MARTIN~~ ~~19900 BEACH ROAD~~ ~~TEQUESTA FL~~	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President/D Cohen, Edwin 19900 Beach Road Tequesta, Fl 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~CARY, JAMES~~ ~~19900 BEACH ROAD~~ ~~TEQUESTA FL~~	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Secretary/D Muehlmeier, Ruth 19900 Beach Road Tequesta, Fl 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ ~~IRWIN, ARTHUR~~ ~~19900 BEACH ROAD~~ ~~TEQUESTA FL~~	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Treasurer/D Coulter, Jeanne 19900 Beach Road Tequesta, Fl 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~YOUNG, NORMAN~~ ~~19900 BEACH ROAD~~ ~~TEQUESTA FL~~	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Vice President/D Pavlic, Robert 19900 Beach Road Tequesta, Fl 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ~~DONALDSON, JAMES~~ ~~19900 BEACH ROAD~~ ~~TEQUESTA FL~~	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	Vice President/D Edgette, James 19900 Beach Road Tequesta, Fl 33469	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☒ Addition

CR2E037 (12/95)

14. I do hereby 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: Edwin Cohen 4-8-96 407-745-1909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #