

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 759496

1. Entity Name

OCEAN SOUND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

19900 BEACH ROAD
TEQUESTA FL 33469

Mailing Address

19900 BEACH ROAD
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2145893

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

PAVLIC, ROBERT
19900 BEACH ROAD
TEQUESTA FL 33469

Name

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

City

FL

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 \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD KING, SUE 19900 BEACH ROAD TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DENTON, ED 19900 BEACH ROAD TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COULTER, JEANNE 19900 BEACH ROAD TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAULIC, ROBERT 19900 BEACH ROAD TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOTHERS, ANDREW 19900 BEACH ROAD TEQUESTA FL 33469	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
	U00000073722 03/02/04-80049-005 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/04

561-746-0195