FILED

4-13-03

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # 759859 1. Entity Name ALT OCEAN MANOR CONDOMINIUM ASSOCIATION, INC.					03 MAY -2 AM 8: 28 SECREMAN OF STATE TALLAHASSEE FLORIDA		
Principal Place of Business Mailing Address 4040 GALT OCEAN DRIVE FT LAUDERDALE FL 33308 Mailing Address FT LAUDERDALE FL 33308			3		tt. FLORIDA		
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suita Ant # ata	Suite, Apt. #, etc.			ne Blûtt (42)	
					CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 36-32020	4. FEI Number 36-3202079 Applied For Not Applicable		
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SHAFFER, DARLENE K 4040 GALT OCEAN DR FT. LAUDERDALE FL 33308				Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip Code	a	
I O. ITLE NAME	OFFICERS AND LEVINE, ARTHUR	Trust Fund (11. TITLE NAME	Added to Fees Floating Added to Fees Floating Changes to OFF	₩ Change	State	
STREET ADDRESS	4040 GALT OCEAN DR. FORT LAUDERDALE FL 3330	18		4040 Galt Octon Dri Fb. Lauderdole Fh			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, WILLIAM G 4040 GALT OCEAN DR. FORT LAUDERDALE FL 3330	🗖 Delete	TITLE NAME STREET ADDRESS	The President Alco, CHARLES HOUGE GALE OCEAN Driv Fe handerdale FL 33	™ Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	VPD MULLIGAN, BRIAN E 4040 GALT OCEAN DR. FORT LAUDERDALE FL 3330	™ Delete	TITLE NAME STREET ADDRESS	Treasurer HENNESSY, GERARD HOLOGAIL OCEAN Drive Ft Landerdale FL		Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	SD TODD, GARY 4040 GALT OCEAN DR. FT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		THE TELEMANCE	☐ Addition	
ITLE NAME STREET ADDRESS SITY-ST-ZIP	ASD D'AGOSTINO, DINO 4040 GALT OCEAN DR. FORT LAUDERDALE FL 3330	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
ITLE IAME ITREET ADDRESS SITY-ST-ZIP		□ Delote	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
12. I hereby of indicated of the corchanged,	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee or on an attachment with an addre	with this filing does not qualify for off is true and accurate and that a impowered to execute this report iss, with all other like empowered.	the exemption state by signature shall have as required by Chap	d in Section 119.07(3)(i), Florida Statut ve the same legal effect as if made und ter 617, Florida Statutes; and that my n	es. I further certify that the ir der oath; that I am an officer lame appears in Block 10 or	nformation or director Block 11 if	