

ANNUAL REPORT (AR)

DOCUMENT # H76652

1. Entity Name

1326 OCEAN AVENUE REALTY CORPORATION



FILED
Feb 19, 2004 08:00 AM
Secretary of State

Principal Place of Business

4001 TAMiami TR. N.
 SUITE 250
 NAPLES FL 34103-3060
 US

Mailing Address

C/O BOND, SCHOENECK & KING P.A.
 4001 TAMiami TRAIL N., #250
 NAPLES FL 34103-3060
 US

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 59-2618234

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

MCMACKIN, F. JOSEPH III
 BOND, SCHOENECK & KING, P.A.
 4001 TAMiami TRAIL NORTH, SUITE #250
 NAPLES FL 34103

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 \$150.00**After May 1, 2004 Fee will be \$550.00****Make Check Payable to Florida Department of State**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME SPIRO, MARY ANN
 STREET ADDRESS 128 VIA NAPOLI
 CITY-ST-ZIP NAPLES FL 34105

TITLE VST ☐ Delete
 NAME MCMACKIN, F J
 STREET ADDRESS 4001 TAMiami TRAIL, N. #250
 CITY-ST-ZIP NAPLES FL 34103

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 009000056372
 02/19/04-80017-015 150.00

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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

Date

Daytime Phone #

F. Joseph McMackin III

FEB 13 2004 238 658 3914