

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90236 019 ****61.25

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1. Entity Name

OCEAN PALMETTO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

800 E PALMETTO PARK ROAD
BOCA RATON FL 33432
US

Mailing Address

800 E PALMETTO PARK ROAD
BOCA RATON FL 33432
US

01004301



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

4. FEI Number

65-0995089

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

LIGUORI, GERARD P
800 E PALMETTO PARK ROAD
BOCA RATON FL 33432

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 PD ☐ Delete
NAME LIGUORI, GERARD P
STREET ADDRESS 760 S.W. 15TH STREET
CITY-ST-ZIP BOCA RATON FL 33486

TITLE VD ☐ Delete
NAME OSTROWSKI, DOROTHY
STREET ADDRESS 4169 ST ANDREWS DR
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE SD ☐ Delete
NAME D'ANGELO, CARMEN JR
STREET ADDRESS 460 NW 6TH AVE
CITY-ST-ZIP BOCA RATON FL 33432

TITLE D ☐ Delete
NAME STOCKER, SUSAN E
STREET ADDRESS 324 FLORENADA TERRACE
CITY-ST-ZIP BOCA RATON FL 33486

TITLE TD ☐ Delete
NAME OSTROWSKI, MARK
STREET ADDRESS 9826 KAMENA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33436

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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)(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 I signed 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 I change an attachment with an address, with all other like empowered.

SIGNATURE:

Gerard P. Liguori

GERARD P. LIGUORI

561 394-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #