

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90061 015 ****61.25

DOCUMENT # N00000000432

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

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

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, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME SUSAN ELIZABETH STOCKER
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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)(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 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:

Gerard P. Liguori

GERARD P. LIGUORI

561 394-7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #