


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90090 008 ****61.25

DOCUMENT # N04000004218 1. Entity Name OCEAN PLACE AT LAUDERDALE BY THE SEA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062			Mailing Address 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1066979	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANDALL K. ROGER & ASSOCIATES, P.A. 621 NW 53RD STREET SUITE 300 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHINN, PHYLLIS <input type="checkbox"/> Delete 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUSTGARTEN, ROBYN <input type="checkbox"/> Delete 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rubin, Robin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 S. Ocean Blvd. Lauderdale by the Sea, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LEARY, AMELIA <input type="checkbox"/> Delete 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PRICE, JAMES C <input type="checkbox"/> Delete 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBIN, ROBIN <input type="checkbox"/> Delete 1900 S. OCEAN BLVD. LAUDERDALE BY THE SEA, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lustgarten, Robyn <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1900 S. Ocean Blvd. Lauderdale by the Sea, FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. S. Catherine Fawcett <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1900 S. Ocean Blvd. Lauderdale by the Sea, FL 33062	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Phyllis Shinn</i> Phyllis Shinn 4-18-08 954 943-5070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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