


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000002439**

1. Entity Name  
 1350 N. OCEAN BLVD. CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 1350 N. OCEAN BLVD.  
 POMPANO BEACH, FL 33062

Mailing Address  
 1350 N. OCEAN BLVD.  
 POMPANO BEACH, FL 33062



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01072008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 20-5188504

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GLAZER, ERIC L ESQ  
 2300 CORPORATE BLVD NW SUITE 282  
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

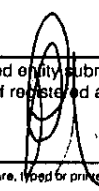
Name

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  Eric Glazer

(NOTE: Registered Agent signature required when re-registering)

DATE 2/14/08

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

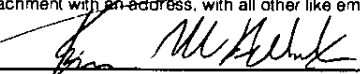
TITLE	PD	<input type="checkbox"/> Delete
NAME	APTER, ABBOT G	
STREET ADDRESS	202 W SUPERIOR STREET SUITE 321	
CITY - ST - ZIP	DULUTH, MN 55802	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STELMAK, KAREN	
STREET ADDRESS	202 W SUPERIOR STREET SUITE 321	
CITY - ST - ZIP	DULUTH, MN 55802	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SPANIER, MAUREEN A	
STREET ADDRESS	202 W SUPERIOR STREET SUITE 321	
CITY - ST - ZIP	DULUTH, MN 55802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY - ST - ZIP	
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CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1000000830841  
 02/26/08-80100-003 61.25

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/14/08

DATE

DAYTIME PHONE # 406-284-2403

DAYTIME PHONE #