

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 11:57

DOCUMENT # N11238 (5)

1. Corporation Name

THE OCEAN AT THE BLUFFS SOUTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

900 E. INDIANTOWN RD. #210
PO BOX 4398
JUPITER FL 33477

900 E. INDIANTOWN RD. #210
PO BOX 4398
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1985

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2620281

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3)

Tax Exempt Status

☐

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, THERESA
900 E. INDIANTOWN RD. #210
JUPITER FL 33477

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

TAGGART, JAMES R

STREET ADDRESS

501 SOUTH SEAS DRIVE, #105

CITY - ST - ZIP

JUPITER FL 33477

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

PIZZOLO, THOMAS G

STREET ADDRESS

401 SOUTH SEAS DRIVE, #203

CITY - ST - ZIP

JUPITER FL 33477

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

VAT

NAME

CROSBY, FRANK

STREET ADDRESS

201 SOUTH SEAS DRIVE, #505

CITY - ST - ZIP

JUPITER FL 33477

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

SD

NAME

RICHTER, FRANK

STREET ADDRESS

601 SOUTH SEAS DRIVE, #202

CITY - ST - ZIP

JUPITER FL 33477

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

TD

NAME

WHITE, HAROLD J

STREET ADDRESS

501 SOUTH SEAS DRIVE, #301

CITY - ST - ZIP

JUPITER FL 33477

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/95

746-3422