

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



3. Date Incorporated or Qualified **09/23/1985** 3a. Date of Last Report **04/12/1995**

4. FEI Number **59-2620281** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD TAGGART, JAMES R**
STREET ADDRESS **501 SOUTH SEAS DRIVE, #105**
CITY-ST-ZIP **JUPITER FL 33477**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **AND VD FRANK PENNISI**
1.3 STREET ADDRESS **201 SOUTH SEAS DR., #506**
1.4 CITY-ST-ZIP **JUPITER FL**

TITLE ☐ DELETE
NAME **VD RICHTER, FRANK**
STREET ADDRESS **2055 WINDWARD WAY**
CITY-ST-ZIP **JUPITER FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD ZIEN**
STREET ADDRESS **601 S SEAS DRIVE #101**
CITY-ST-ZIP **JUPITER FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD PIZZOLO, RACHEL**
STREET ADDRESS **401 SOUTH SEAS DRIVE, #203**
CITY-ST-ZIP **JUPITER FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **Rachel Pizzolo**
4.3 STREET ADDRESS **401 So Seas Dr. #203**
4.4 CITY-ST-ZIP **Jup Fl 33477**

TITLE ☒ DELETE
NAME **D MULLIGAN, CHARLES**
STREET ADDRESS **401 SOUTH SEAS DRIVE #301**
CITY-ST-ZIP **JUPITER FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, 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

Daytime Phone #

CR2E037 (12/95)