


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90124 020 \*\*\*\*61.25

<b>DOCUMENT # N11238</b> 1. Entity Name <b>THE OCEAN AT THE BLUFFS SOUTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 401 SO SEAS DR 600 JUPITER, FL 33477			Mailing Address 401 SO SEAS DR 600 JUPITER, FL 33477		
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 <b>59-2620281</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCDONALD, DONNA 8895 NO MILITARY TR 4E-201 JUPITER, FL 33477			Name  Street Address (P.O. Box Number is Not Acceptable) <b>1600 Sandtree Dr Ste 109</b>  City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33403</b>		
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>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DOUGLAS, KATIE 301 SO. SEAS DR. #304 JUPITER, FL 33477	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BMD ZIEN, ALLEN 601 S SEAS DRIVE #101 JUPITER, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tom Giuliana 101 So. Seas Dr. #403 Jupiter, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BALDWIN, JOHN 601 SO SEAS DR #505 JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Karen Kennedy 401 So. Seas Dr. #101 Jupiter, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAGGART, JAMES R 501 SOUTH SEAS DR., #105 JUPITER, FL 33477	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Edward Schiffbauer 301 So. Seas Dr. #102 Jupiter, FL 33477 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: _____ <b>4/25/05</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50034181**



01242005 Chg-NP CR2E037 (10/03)

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

Name

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

City

**FL**

Zip Code

**33403**

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

**Filing 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
DOUGLAS, KATIE  
301 SO. SEAS DR. #304  
JUPITER, FL 33477

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VPD

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

BMD  
ZIEN, ALLEN  
601 S SEAS DRIVE #101  
JUPITER, FL

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
Tom Giuliana  
101 So. Seas Dr. #403  
Jupiter, FL 33477

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
BALDWIN, JOHN  
601 SO SEAS DR #505  
JUPITER, FL 33477

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TD  
Karen Kennedy  
401 So. Seas Dr. #101  
Jupiter, FL 33477

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
TAGGART, JAMES R  
501 SOUTH SEAS DR., #105  
JUPITER, FL 33477

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SD  
Edward Schiffbauer  
301 So. Seas Dr. #102  
Jupiter, FL 33477

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
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☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #