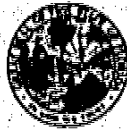


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 10 PM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20353 (1)

1. Corporation Name

PONTE DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

911 S. OCEAN BLVD.
BOCA RATON FL 33431
US

G/O CRISTEL KIEFER
22 MOHAWK DR.
EASTON CT 06612
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/27/1987

3a. Date of Last Report
03/15/1994

4. FEI Number
06-1228346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$6.75 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENWALD, STEVEN I.
6971 N. FEDERAL HIGHWAY, SUITE 105
BOCA RATON FL 33487

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME ZEISS, TAMMY
STREET ADDRESS 911 S. OCEAN BLVD., UNIT 4B
CITY-ST-ZIP BOCA RATON FL

1.1 TITLE ☐ Change ☐ Addition

TITLE PD
NAME SALLEY, JOHN
STREET ADDRESS 911 S. OCEAN BLVD., UNIT 3-A
CITY-ST-ZIP BOCA RATON FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE STD
NAME ZEISS, MARION
STREET ADDRESS 911 S. OCEAN BLVD., UNIT 4B
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE VD
NAME VENO, ANGELO
STREET ADDRESS 911 S. OCEAN BLVD., UNIT 2-D
CITY-ST-ZIP BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE VD
NAME FURIO, GARY
STREET ADDRESS 911 S. OCEAN BLVD., UNIT 2B
CITY-ST-ZIP BOCA RATON FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

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

John Salley
John Salley

Date

Daytime (Area #)