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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N20353**

1. Corporation Name
PONTE DEL MAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
911 S. OCEAN BLVD.
BOCA RATON FL 33431
US

Mailing Address
C/O CHRISTEL KIEFER
22 MOHAWK DR.
EASTON CT 06612
US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	04/27/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 PONTE DEL MAR	4. FEI Number 06-1228346 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 753 ATLANTIC STREET STAMFORD, CT 06902	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 33432 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: John Salley
82 Street Address (P.O. Box Number is Not Acceptable): 911 S. Ocean Blvd. Apt 3A
83 Boca Raton
84 City: FL 85 Zip Code: 33432

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: _____ 3-12-99
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	VD	☒ DELETE	1.1 TITLE	Pres. Director	☐ Change ☒ Addition
NAME	ZEISS, TAMMY		1.2 NAME	Susanne Gepfrich	
STREET ADDRESS	911 S. OCEAN BLVD., UNIT 4B		1.3 STREET ADDRESS	911 S. Ocean Blvd. Apt 4A	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, Fl. 33432	
TITLE	PD	☐ DELETE	2.1 TITLE	Treas. Director & Sec'y	☒ Change ☐ Addition
NAME	SALLEY, JOHN		2.2 NAME		
STREET ADDRESS	911 S. OCEAN BLVD., UNIT 3-A		2.3 STREET ADDRESS	Same	
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE	Director only	☒ Change ☐ Addition
NAME	ZEISS, MARION		3.2 NAME		
STREET ADDRESS	911 S. OCEAN BLVD., UNIT 4B		3.3 STREET ADDRESS	Same	
CITY-ST-ZIP	BOCA RATON FL		3.4. CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE	V.P. Director	☐ Change ☒ Addition
NAME	SAUNDERS, THOMAS		4. 2 NAME	Joseph Colandra	
STREET ADDRESS	911 S OCEAN BLDV STE 4A		4.3 STREET ADDRESS	911 S. Ocean Blvd. Apt 3B	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	Boca Raton Fl. 33432	
TITLE	VD	☐ DELETE	5.1 TITLE	Director only	☒ Change ☐ Addition
NAME	FURIO, GARY		5.2 NAME		
STREET ADDRESS	911 S. OCEAN BLVD., UNIT 2B		5.3 STREET ADDRESS	Same	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Director 3-12-99 561-338-4185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)