

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90199 024 ****61.25

DOCUMENT # N22414

1. Entity Name
**OCEAN CLUB TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
3213/3221 NE 16TH ST
C/O BOARD OF DIRECTORS
POMPANO BEACH, FL 33062 US

Mailing Address
3213/3221 NE 16TH ST
C/O BOARD OF DIRECTORS
POMPANO BEACH, FL 33062 US

50001403



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2842380

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**ROYAL PROPERTY MANAGEMENT INC.
8317 W ATLANTIC BLVD
CORAL SPRINGS, FL 33071**

Name

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

City

FL

Zip Code

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, 2007**

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	V	<input checked="" type="checkbox"/> Delete
NAME	TROTTMAN, JUDI	
STREET ADDRESS	3213 N.E. 16TH STREET, #110	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MCLEOD, KRISTEN	
STREET ADDRESS	3213 NE 16TH ST SUITE 108	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DECHRISTOPHER, KATHLEEN	
STREET ADDRESS	3213 N.E. 16 STREET, #112	
CITY-ST-ZIP	POMPANO, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weaver, Richard S	
STREET ADDRESS	3213 NE 16 St # 107	
CITY-ST-ZIP	Pompano Bch FL 33062	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peragine, Jennifer	
STREET ADDRESS	3213 NE 16 St # 100	
CITY-ST-ZIP	Pompano Bch, FL 33062	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meier, Margie	
STREET ADDRESS	3213 NE 16 St # 101	
CITY-ST-ZIP	Pompano Bch, FL 33062	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a power of attorney.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07 954-757-9292