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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N26055

1. Corporation Name

OCEAN VIEW DANCE CLUB, INC.

Principal Place of Business

C/O WALDECK ST MARTIN
4600 CURTIS AVE.
LAKE WORTH FL 33463

Mailing Address

C/O WALDECK ST MARTIN
4600 CURTIS AVE
LAKE WORTH FL 33463



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/22/1988

4. FEI Number

65-0080849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ST-MARTIN, WALDECK
4600 CURTIS AVE
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

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

TITLE PD
NAME ST MARTIN, WALDECK
STREET ADDRESS 4600 CURTIS AVE
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE VD
NAME GRIFFIN, ROBELLE
STREET ADDRESS 1509 WAGNER CIRCLE
CITY-ST-ZIP LAKE CLARK SHORES FL ☐ DELETE

TITLE TD
NAME ST MARTIN, ANTIONETTE
STREET ADDRESS 4600 CURTIS AVE
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE SD
NAME GROVE, MYRA
STREET ADDRESS 27714 DUDLEY EAST
CITY-ST-ZIP WEST PALM BEACH FL ☐ DELETE

TITLE D
NAME ECKHOLM, ANN
STREET ADDRESS 1505 CREST DRIVE
CITY-ST-ZIP LAKE WORTH FL ☐ DELETE

TITLE D
NAME ARCOMONA, NICK
STREET ADDRESS 516 S EAST 27TH TERRACE UNIT 48-B
CITY-ST-ZIP BOYNTON BCH FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
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

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)