

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90179 001 \*\*\*\*61.25

DOCUMENT # **N26523**

1. Corporation Name

**OCEAN WATCH FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 462  
FT. LAUDERDALE FL 33302

Mailing Address

P.O. BOX 462  
FT. LAUDERDALE FL 33302



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**05/20/1988**

4. FEI Number

**65-0071849**

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

10. Name and Address of New Registered Agent

~~MACZMAREK, JOHN C ESQUIRE~~  
**370 W CAMINO GARDENS BOULEVARD  
SUITE 200B  
BOCA RATON FL 33432**

**KACZMAREK, John C  
Esq.**

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 **John C. Kaczmarek, esq.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-22-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DT** ☐ DELETE  
NAME **WEISS, LEIGHTON**  
STREET ADDRESS **1512 SE 4TH STREET**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33301**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **WATSON, NEAL**  
STREET ADDRESS **1047 SE 17TH STREET**  
CITY-ST-ZIP **FT LAUDERDALE FL 33301**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE  
NAME **WOODHOUSE, LINDA**  
STREET ADDRESS **1950 SE 19TH ST**  
CITY-ST-ZIP **POMPANO BEACH FL**

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

TITLE **D** ☐ DELETE  
NAME **KACZMAREK, JOHN C**  
STREET ADDRESS **370 W CAMINO GARDENS BOULEVARD STE 200B**  
CITY-ST-ZIP **BOCA RATON FL 33432**

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

TITLE **SD** ☐ DELETE  
NAME **CIUCEVICH, JULIE**  
STREET ADDRESS **215 NW 25TH ST, #10**  
CITY-ST-ZIP **FT LAUDERDALE FL**

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

TITLE **DVP** ☐ DELETE  
NAME **CASSIDY, KEN**  
STREET ADDRESS **130 CYPRESS CLUB DRIVE UNIT 331**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

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 Required**  
**Leighton J. Weiss, Treasurer**

**1-22-99**

CR2E037 (11/98)