

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90012 020 ****61.25

DOCUMENT # N26523

1. Entity Name
OCEAN WATCH FOUNDATION, INC.



Principal Place of Business
P.O. BOX 5494
LIGHTHOUSE POINT, FL 33074

Mailing Address
P.O. BOX 5494
LIGHTHOUSE POINT, FL 33074

02022081



DO NOT WRITE IN THIS SPACE

01222004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0071849

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KACZMAREK, JOHN C ESQ.
370 W CAMINO GARDENS BOULEVARD
SUITE 200B
BOCA RATON, FL 33432

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IN THIS SPACE**

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CIUCEVICH, JULIE
STREET ADDRESS	980 N FEDERAL HWY 304
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	D
NAME	WHITAKER, CLINT
STREET ADDRESS	1131 NW 75 TERRACE
CITY-ST-ZIP	PLANTATION, FL 33335
TITLE	DVP
NAME	ROE, BILL
STREET ADDRESS	501 N OCEAN BLVD #10
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441
TITLE	D
NAME	MURPHY, GERRY
STREET ADDRESS	2801 PALM AIRE DR., #704
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	DSP
NAME	CIUCEVICH, JULIE
STREET ADDRESS	215 NW 25TH ST, #10
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	D
NAME	ANTOINE, MARY
STREET ADDRESS	2201 S E 9TH STREET 103
CITY-ST-ZIP	POMPANO BEACH, FL 33062

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IN THIS SPACE**

12. 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 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 all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Dominick Senna
SENNIA TREAS. 3/17/04 561-338-7616