

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

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**



02072007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
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 renouncing)

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
CIVCECICH, JULIE
215 NW 25 ST #10
FORT LAUDERDALE, FL 33311**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
SENN, DOMINICK
980 N. FEDERAL HIGHWAY #304
BOCA RATON, FL 33432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ANTOINE, MARY
2201 SE 9TH ST #103
POMPANO BEACH, FL 33062**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GIBSON, JENNIFER
5300 NW 55 BLVD
COCONUT CREEK, FL 33073**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000633889
02/21/07-80080-010-61.25

**DO NOT WRITE
IN THIS SPACE**

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 all other like employment.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIRECTOR & TREASURER 2/7/07 561-338-0655