

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90026 007 ****61.25

DOCUMENT # N29328

1. Entity Name

OCEAN TERRACE BEACHSIDE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

4564 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308

Mailing Address

4433 EL MAR DRIVE
LAUDERDALE-BY-THE-SEA FL 33308
US

2. Principal Place of Business

3. Mailing Address

Hickok Esuperty, PA
2600 E COMMERCIAL BLVD
Ste 201B
City & State
FORT LAUDERDALE FL



1st MOORE CR2E037 (10/04)

4. FEI Number

65-0190886

Applied For

Not Applicable

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

MULLEN, JOSEPH P.
2929 E COMMERCIAL BLVD
PH C
FT. LAUDERDALE FL 33308

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PIETRONUTO, JOHN	
STREET ADDRESS	4564 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILZOW, FOREST	
STREET ADDRESS	25 S MAIN ST	
CITY-ST-ZIP	CLARKSTON MI 48346	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	DAMURJIAN, ARLEAN	
STREET ADDRESS	4433 EL MAR DR	
CITY-ST-ZIP	LAUDERDALE BY THE SEA FL 33308	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmen F TOSCANO	
STREET ADDRESS	1761 SALEM ST	
CITY-ST-ZIP	N. ANDOVER, MA 01845	
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 exemption stated in Section 19.07(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:

John J. Pietronuto

John J. Pietronuto 2/1/05 9347767173

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #