FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

1500 OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Plac	Mailing Address	ess		T ERBONERAL DATA DATATA TARAN TARAN TARAN BATAN BARAN BA		
C/O UNITES COMMUNITY MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065		C/O UNITED COMM MGT CORP 3300 UNIV DR #405			3. Date Incorporated or Qualified	
					07/09/1991	
US SPHING	is FL 33065	CORAL SPRINGS FL 33065 US			4. FEI Number Applied For	
• •		•		.	65-0235506 Not Applica	ble
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional	
21	4	26			Fee Required	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State				_
23		28			7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip Country		гу	8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30		Personal Property Tax due June 30. 🔲 Yes 🔲 No	
	9. Name and Address of Curren	nt Registered Agent		.1	10. Name and Address of New Registered Agent	
			8	1 Name	θ	
	COMMUNITY MGT CORP		8:	2 Street	t Address (P.O. Box Number is Not Acceptable)	
	IIV DRIVE #405		8:	_	.	
CORAL S	Springs FL 33065		•	3		
			8	4 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617 050	2 and 617 1508 Florida Statute	es the abou	ve-nemed	d corporation submits this statement for the purpose of changing its register	ha
office or re		of Florida. Such change was a	authorized b	by the cor	prporation's board of directors. I hereby accept the appointment as registered	
•	im tamiliar with, and accept the beings	ations of, Section 617.0503, Fit	ກາດສ ວັເສເບເເ	es.		
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable. (NOTI	: Registered A	gent signaturi	re required when reinstating) DATE	—
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addit	tion
NAME	STEWART, LARRY	1.2 N				
STREET ADDRESS	1500 N. OCEAN BLVD.			ET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	DELETE	1.4 CITY-		Change Addit	tion
TITLE NAME	D DICHARD	C DECEIE	2.1 TITLE 2.2 NAME		Change Addit	JOH
STREET ADDRESS	NERON, RICHARD 1500 OCEAN BLVD			ET ADORESS		
CITY-ST-ZIP	POMPANO BCH FL			- ST- ZIP		
TITLE	STD	DELETE 3.1T			☐ Change ☐ Addit	tion
NAME	STUART, SULS	3.2 M				
STREET ADDRESS	1500 OCEAN BLVD #605		3.3 STREE	ET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		3.4. C/TY	-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		Change Addit	ion
NAME	LAKOWITZ, SUZANNE		4. 2 NAM	E		
STREET ADDRESS	1500 N OCEAN BLVD		4.3 STREE	ET ADDRESS		
CITY-S1-ZIP	POMPANO BCH FL		4.4 CITY-			
TITLE	D	DELETE	5.1 TITLE		Change L'Addit	ion
NAME	Lastoria, gino		5 2 NAME		Enevold, mel 1500 p. ocean Blud \$405 Pompano Bch, F1.	
STREET ADDRESS	1500 N OCEAN BLVD		1	ET ADDRESS	1500 D. OCEAN BIM. 700	
CITY-ST-ZIP	POMPANO BCH FL			S1-ZIP	Tompano Bch, H.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addit	noi
NAME			6.2 NAME			
STREET ADDRESS			6.3 STAES	T ADDRESS		

14. I hereby certify that the i indicated on this annua officer or director of the Block 12 or Block 13 if

CITY-ST-ZiP

LARRY To

6.4 CITY-ST-ZIP

plied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information immontal 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 4 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in an attachment with an address.

FILED

Apr 13 1998 8:00am

Secretary of State