FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N93000000890 (4)

OCEAN BREEZE PARK WEST TENANTS ASSOCIATION, INC.

Principal Place of Business Mailing Address						I INCHILAL BIE INIGN IIIII NAIK ERKIL N	0111 0 0 111 0 0 11	I MANAN TANK	1 SESSO BOST TOOL
101 11TH ST. MARATHON F		101 11TH ST. MARATHON FL 33050							
						3. Date Incorporated or Qualified	3a. Date	e of Last I	Report
						02/12/1993	0	4/27/19	995
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0387644			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State	,	City & State				6. Election Campaign Financing		\$5.00	D May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Count	ry		8. This corporation has liability for int			199.032,
24	25	29	30]				Yes X		
	9. Name and Address of Current	Hegistered Agent	8	4	Name	10. Name and Address of New Re	gistered A	gent	
			l°	' '	Narrie				
	IAN, FRANKLIN D P.A.		8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
5800 OV SUITE 40	erseas hwy.		8	3					
	ON FL 33050				0'			12-1 -	
***************************************			8	ٔ	City		FL	85 Zip	Code
or register	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida th, and accept the obligations of, Section	 Such change was authorize 	s, the above d by the co	-nar	med corporat ation's board	ion submits this statement for the purp of directors. I hereby accept the appoil	ose of chan ntment as re	ging its re agistered	agistered office agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable (NOT	F: Registered Ar	ent s	ignature required w	when repostation)	DATE		
12.	OFFICERS AND		13.		R mon indoired a	ADDITIONS/CHANGES TO OFFIC		DIRECTO	RS IN 12
TITLE	D/T	DELETE	1.1 TITLE	:	DIA	erron		7 Change	Addition
NAME	DORAN, DIANE	_	1.2 NAM	E	70/	n HICKLY	_	•	T^{\sim}
STREET ADDRESS	101 11TH ST 33		1.3 STRE	ET AD	DAESS 2	O HOMELUND DRIVE			3
CITY-ST-ZIP	MARATHON FL		1.4 CITY	- ST-		WLING BROOK IL	6068	10	- 1
TITLE	DP	DELETE	21 TITLE		DIE	NATA .		Change	Addition
NAME	MANCINI, RICHARD		22 NAM	E	م م	ON US MISINIEM			f
STREET ADDRESS	51 HILLSIDE ST RIVER PLAZA		23 STRE	ET AC	DAESS 10	1 11th st " "			
CITY-ST-ZIP	RED BANK NJ		2 4 CITY	- S1-	ZIP MA	RATHON FL 33050			
TITLE	D/S	OELETE	3 1 TITLE	:	D/5		×	Change	Addition
NAME	WILSON, PAM	/ ·	32 NAM	E	Ne	LTORE SHELK	JAN O	•	MAU
STREET ADDRESS	101 11TH ST 4		3 3 STRE	ET AC	ODRESS 70	Mark Mary		The	#30
CITY-ST-ZIP	MARATHON FL		34. CiTY	-51-	ZIP 470	MICATHON WILL N	mest	HON !	CL33050
TULE	DVP	DELETE	4.1 TITLE	:	DIR	CO mod .		Change	Addition
NAME	CARLSON, JACK		4. 2 NAN	1E	m	ATT 10(2)			/
STREET ADDRESS	101 11TH ST 2		4.3 STRE	ET AC	DORESS 🥱 1	46 2000			
CITY-ST-ZIP	MARATHON FL		4.4 CITY	-ST-	ZIP EZ	MHURST IL 60176			_
TITLE		DELETE	5.1 TITLE	:	011	reston		Change	Addition
NAME			5.2 NAM	E	BU	ID MASON			1
STREET ADDRESS			5.3 STRE	ET A	ODRESS B	ID MASON	_ ^	U/A	
CITY-ST-ZIP			5.4 CITY	- S T-	ZIP GE	EDRAFTOWN IN Y 130	72		\
THILE		DELETE	6.1 TITLE	:				Change	Addition
NAME			6.2 NAM	E	KE	RECTURE FU JAROS O MIDDAUGH RD. 97 th	her		1
STREET ADDRESS			6.3 STRE	ET A	DORESS 26	O MIDDAUGH KU. 77	اد.		
CITY-ST-ZIP			6.4 CITY	- S T-		MONT 11 60439			
A A I de becel		tale also delle e le control de la	واستعمام والمعام		ant avality for	the averaging stated is Castley 140.0	TOWARD Charle	d - 04-4	4

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; 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.

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BIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PSB. 4, 1996 305-743-6148

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