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Feb 05 1998 8:00am
Secretary of State

NON-PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N93000000890 (4)

1. Corporation Name

OCEAN BREEZE PARK WEST TENANTS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

101 11TH ST.
MARATHON FL 33050

101 11TH ST.
MARATHON FL 33050

3. Date Incorporated or Qualified

02/12/1993

4. FEI Number

65-0387644

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENMAN, FRANKLIN D P.A.
5800 OVERSEAS HWY.
SUITE 40
MARATHON FL 33050

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME MEUNIER, DEBORAH
STREET ADDRESS 101 11TH ST LOT #11
CITY-ST-ZIP MARATHON FL ☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

TITLE DP
NAME IDES, MATTEW
STREET ADDRESS 596 SWAIN
CITY-ST-ZIP ELMHURST IL ☐ DELETE

TITLE DS
NAME GOODMAN, JAN
STREET ADDRESS 101 11TH STREET, #30
CITY-ST-ZIP MARATHON FL ☐ DELETE

TITLE DVP
NAME CARLSON, JACK
STREET ADDRESS 101 11TH ST 2
CITY-ST-ZIP MARATHON FL ☐ DELETE

TITLE D
NAME MASON, BUD
STREET ADDRESS BOX 34 N/A
CITY-ST-ZIP GEORGE TOWN NY 13072 ☐ DELETE

TITLE D
NAME JAROS, KEN
STREET ADDRESS 280 MIDDAGH RD. 97TH ST
CITY-ST-ZIP LEMONT IL 60439 ☐ DELETE

DT
NAME Pamela A. Wilson
STREET ADDRESS 101 11TH ST. LOT #4
CITY-ST-ZIP MARATHON, FL. 33050 ☒ Change ☐ Addition

14. 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 annual report or supplemental 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 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.

SIGNATURE:

Pamela A. Wilson

1-14-98 (305) 743-3484

CR2E037 (10/97)