

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000001859

1. Corporation Name

THE OCEAN RIDGE RESORT CONDOMINIUMS
ASSOCIATION, INC.

Principal Place of Business

639 E OCEAN AVENUE
BOYNTON BEACH, FL 33435

Mailing Address

639 E OCEAN AVENUE
BOYNTON BEACH, FL 33435

3. Date Incorporated or Qualified

4/18/95

3a. Date of Last Report

4/1/96

4. FEI Number

65-0062643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☒

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

GENE MOORE, LAWYER
639 E OCEAN AVENUE
BOYNTON BEACH, FL 33435

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D.	CHUAN S. WANG	Pres. -D	<input type="checkbox"/>	DELETE
NAME		% Gene Moore, Esq. 639 E Ocean Ave			
STREET ADDRESS		Boynton Beach, FL 33435			
CITY-ST-ZIP					
TITLE	D.	Secretary -D	<input type="checkbox"/>	DELETE	
NAME		CASPER H. WANG			
STREET ADDRESS		% Gene Moore, Esq. 639 E Ocean Ave			
CITY-ST-ZIP		Boynton Beach, FL 33435			
TITLE	D.	V. Pres. -D	<input type="checkbox"/>	DELETE	
NAME		KEVIN JUSTICE			
STREET ADDRESS		% Gene Moore, Esq. 639 E Ocean Ave			
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					

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
12 NAME	700002284777--9			
13 STREET ADDRESS	-09/04/97--01063--009			
14 CITY-ST-ZIP	*****61.25 *****61.25			
21 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
22 NAME				
23 STREET ADDRESS				
24 CITY-ST-ZIP				
31 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
32 NAME				
33 STREET ADDRESS				
34 CITY-ST-ZIP				
41 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
42 NAME				
43 STREET ADDRESS				
44 CITY-ST-ZIP				
51 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
52 NAME				
53 STREET ADDRESS				
54 CITY-ST-ZIP				
61 TITLE	<input type="checkbox"/>	Change	<input type="checkbox"/>	Addition
62 NAME				
63 STREET ADDRESS				
64 CITY-ST-ZIP				

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Moore, Resident Agent

9/2/97

Date

561-734-2424

Daytime Phone #

FILED

97 SEP -9 PM 3:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E037 (9/96)