

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90196 005 ***150.00

DOCUMENT # P99000031648

1. Entity Name

OCEANVIEW REALTY OF BOCA RATON, INC.



Principal Place of Business

980 NORTH FEDERAL HIGHWAY SUITE 200
BOCA RATON, FL 33432

Mailing Address

980 NORTH FEDERAL HIGHWAY SUITE 200
BOCA RATON, FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0909862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KAMRADT, RUSSELL T
777 S. FLAGLER DRIVE
1900 PHILLIP-POINT WEST
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name

Jeffrey Skutoff
980 N. Federal Hwy

City

Suite 200
Boca Raton

FL

Zip Code

33432

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME COMPARATO, JAMES
STREET ADDRESS 980 NORTH FEDERAL HIGHWAY SUITE 200
CITY- ST- ZIP BOCA RATON, FL 33432 ☐ Delete

TITLE V
NAME COMPARATO, RAULETTE
STREET ADDRESS 400 S. OCEAN BLVD
CITY- ST- ZIP BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
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CITY- ST- ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition

12. 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with or without like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

561-391-6570

Daytime Phone #