


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90102 049 ****61.25

DOCUMENT # 710889
 1. Entity Name
OCEAN HOUSE ASSOCIATION, INC.



Principal Place of Business
 1200 US HWY ONE
 SUITE E
 N PALM BCH, FL 33408

Mailing Address
 1200 US HWY ONE
 SUITE E
 N PALM BCH, FL 33408

20032952



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04062005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1319818 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 OPC MANAGEMENT, INC
 1200 US HWY ONE
 SUITE E
 N PALM BCH., FL 33408

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LACY, ANDRE	
STREET ADDRESS	11416 TURTLE BEACH ROAD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE	STD	<input type="checkbox"/> Delete
NAME	VAN BOVEN, CAROLYN	
STREET ADDRESS	11270 TURTLE BEACH RD	
CITY-ST-ZIP	N PALM BECH, FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROENISCH, DAVIS	
STREET ADDRESS	11416 TURTLE BEACH RD.	
CITY-ST-ZIP	NORTH PALM BEACH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHACE, MALCOM G	
STREET ADDRESS	11354 TURTLE BCH RD	
CITY-ST-ZIP	NO. PALM BEACH, FL 33408	
TITLE	D	<input type="checkbox"/> Delete
NAME	COTE, PIERRE	
STREET ADDRESS	11310 TURTLE BCH RD	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Davis & Roenisch*

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #