


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91837 023 ****70.00

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 710889

1. Entity Name
OCEAN HOUSE ASSOCIATION, INC.



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

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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



CHECK HERE IF MAKING CHANGES

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

LETSCH, EILEEN F.
 1200 US HWY ONE
 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 registering)

DATE _____

FILE NOW FEES \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
D LACY, ANDRE			
11416 TURTLE BEACH ROAD			
NORTH PALM BEACH, FL 33408			
STD VAN BOVEN, CAROLYN			
11270 TURTLE BEACH RD			
N PALM BECH, FL			
PD ROENISCH, DAVIS			
11416 TURTLE BEACH RD.			
NORTH PALM BEACH, FL			
D CHACE, MALCOM G			
11364 TURTLE BCH RD			
NO. PALM BEACH, FL 33409			
D COTE, PIERRE			
11310 TURTLE BCH RD			
NORTH PALM BEACH, FL 33408			

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: *Carlyne Van Boven* Date: *4/24/03* 561-626 3100

SECRETARY OF STATE OR PRINTED NAME OF SECRETARY OF STATE OR DIRECTOR

CPRE037 (10/02)