


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90129 019 ****61.25

DOCUMENT # 719100					
1. Entity Name OCEAN RIVIERA ASSOCIATION, INC.					
Principal Place of Business 3550 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308			Mailing Address 3550 GALT OCEAN DRIVE FORT LAUDERDALE, FL 33308		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERT KAYE & ASSOCIATES, P.A. 6261 NW 6TH WAY SUITE 103 FORT LAUDERDALE, FL 33309				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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, ELLEN		NAME		
STREET ADDRESS	3550 GALT OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRENSHAFT, MARK E		NAME		
STREET ADDRESS	3550 GALT OCEAN DR		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERER, JEROME		NAME	HELEN M. SANICHAS	
STREET ADDRESS	3550 GALT OCEAN DR		STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPEVAK, CHRISTOPHER		NAME		
STREET ADDRESS	3550 GALT OCEAN DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASHALIDIS, SHIRLEY		NAME	EVEN J. KNOX	
STREET ADDRESS	3550 GALT OCEAN DR.		STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARASIK, JUDITH		NAME	MARC LUPOWITZ	
STREET ADDRESS	3550 GALT OCEAN DR.		STREET ADDRESS	3550 GALT OCEAN DR	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Helen M. Sanichas - Pres.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		HELEN M. SANICHAS	
				7/12/07	
				904-565-1631	
				Date	
				Daytime Phone #	

90129



07122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1346320 Applied For Not Applicable

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