


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Mar 10, 2004 08:00 AM
Secretary of State**

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|---|---|
| DOCUMENT # 738053 1. Entity Name 461 OCEAN CONDOMINIUM ASSOCIATION, INC. |  |
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| Principal Place of Business 461 N OCEAN BLVD BOCA RATON, FL 33432-4231 | Mailing Address 461 N OCEAN BLVD BOCA RATON, FL 33432-4231 |
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03062004 No Chg-NP CR2E037 (10/03)

| | |
|---|---------------------------------------|
| 4. FEI Number 62-1025173 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CHILDERS, EARL
461 N OCEAN BLVD #1
BOCA RATON, FL 33432

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IN THIS SPACE**

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 May 1, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | U00000084227 03/10/04-80070-013 61.25 |
|---|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BRADY, MARY 461 N. OCEAN BLVD, STE 4 BOCA RATON, FL 334324211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD RECAURTE, ALBERTO 461 N OCEAN BLVD SUITE 2 BOCA RATON, FL 334324211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BRADY, EUGENE 461 N OCEAN BLVD SUITE 4 BOCA RATON, FL 334324211 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary G. Brady* **MARY G. BRADY** / Sec/Treas **3-6-04** **561-392-4440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #