2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #738053

1. Entity Name

461 OCEAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

461 N OCEAN BLVD BOCA RATON, FL 33432-4231 Mailing Address

461 N OCEAN BLVD BOCA RATON, FL 33432-4231

FILED Apr 25, 2005 08:00 AM Secretary of State



04172005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 62-1025173 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHILDERS, EARL 481 N OCEAN BLVD #1 BOCA RATON, FL 33432

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d affice or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable, (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS	i		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRADY, MARY 461 N. OCEAN BLVD, STE 4 BOCA RATON, FL 334324211				U00000328797 04/25/05-80088-023 61.25
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			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	• • • •	
TITLE 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.

MASU BALL