
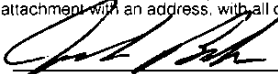


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90036 026 ****61.25

| | | | |
|--|------------------------------------|--|--|
| DOCUMENT # 738886 | |  | |
| 1. Entity Name OCEAN PLACE - 2155 CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business POINTE MANAGEMENT GROUP 75 NE 6TH AVE #206 DELRAY BEACH, FL 33483 US | | Mailing Address 639 E. OCEAN AVE #204 BOYNTON BEACH, FL 33425 US | |
| 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 | |
| ESTABENEZ, ERIC 75 NE 6TH AVE #206 DELRAY BEACH, FL 33483 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YEARS, KEN | NAME | D Years, Ken |
| STREET ADDRESS | 2155 S. OCEAN DR #18 | STREET ADDRESS | 2155 S. Ocean Blvd #18 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | CITY-ST-ZIP | Delray Beach, FL 33483 |
| TITLE | D <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGOEY, DAWN | NAME | S MCGOEY, DAWN |
| STREET ADDRESS | 639 EAST OCEAN AVE #101 | STREET ADDRESS | 639 East Ocean Ave #101 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | CITY-ST-ZIP | Delray Beach, FL 33435 |
| TITLE | V <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KOSHNER, MANUEL | NAME | P KUSHNER, MANUEL |
| STREET ADDRESS | 2155 S. OCEAN BLVD #24 | STREET ADDRESS | 2155 S. Ocean Blvd #24 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | CITY-ST-ZIP | Delray Beach, FL 33483 |
| TITLE | TR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BEALE, JOE | NAME | VP WORSTER, WILLIAM |
| STREET ADDRESS | 2155 S. OCEAN BLVD#21 | STREET ADDRESS | 2155 S. Ocean Blvd, FL 33483 |
| CITY-ST-ZIP | DELRAY BEACH, FL 33483 | CITY-ST-ZIP | Delray Beach |
| 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 | |
| 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 | |
| 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:  JOSEPH BEALE, TREASURER | | Date | 4/14/08 561.210-8532 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |