


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-29-2006 90001 045 ****61.25

DOCUMENT # 740740 1. Entity Name OCEAN CAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O MANAGEMENT SERVICES OF AMERICA, LLC. 639 EAST OCEAN AVENUE, SUITE 204 BOYNTON BEACH, FL 33435			Mailing Address C/O MANAGEMENT SERVICES OF AMERICA, LLC. 639 EAST OCEAN AVENUE, SUITE 204 BOYNTON BEACH, FL 33435		
2. Principal Place of Business 40 PRIME MANAGEMENT Suite, Apt. #, etc. 6300 PARK OF COMMERCE BLVD		3. Mailing Address 40 PRIME MANAGEMENT Suite, Apt. #, etc. 6300 PARK OF COMMERCE BLVD			
City & State BOCA RATON, FL		City & State BOCA RATON, FL		4. FEI Number 65-0822936	
Zip 33487		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUCKABY, JANET C/O MANAGEMENT SERVICES OF AMERICA, INC. 639 EAST OCEAN AVE. SUITE 204 BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name OCEAN CAY CONDO Street Address (P.O. Box Number is Not Acceptable) 6300 PARK OF COMMERCE BLVD City BOCA RATON FL 33487		
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 06/19/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing <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 NAME STREET ADDRESS CITY - ST - ZIP	PD HENNESSEY, JOSEPH 6550 N. OCEAN BLVD. #3 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD SLOAT, ROBERT 6550 N. OCEAN BLVD #7 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOTCHISON, ELAINE 6550 N OCEAN BLVD #2 OCEAN RIDGE, FL 33435	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: _____ DATE 6/23/06 561-364-8200 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					