
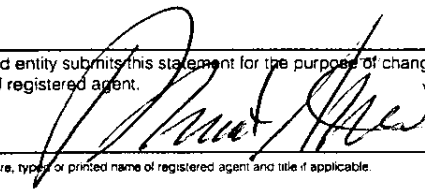
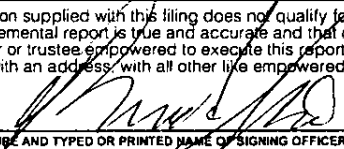


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90094 039 ****61.25

DOCUMENT # 740740 1. Entity Name OCEAN CAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			Mailing Address C/O PRIME MANAGEMENT 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0822936	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OCEANN CAY CONDO 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name ROBERT SLOAT Street Address (P.O. Box Number is Not Acceptable) 6550 N. OCEAN BLVD. #7 OCEAN RIDGE, FL 33435 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4/20/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 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 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	VICE PRESIDENT JIM KEEGAN PO BOX 390624 CAMBRIDGE, MA 02139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLOAT, ROBERT 6550 N. OCEAN BLVD #7 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/SECRETARY ROBERT SLOAT 6550 N. OCEAN BLVD #7 OCEAN RIDGE, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLASER, KATHY 6550 NORTH OCEAN BLVD SUITE 11 OCEAN RIDGE, FL 33435	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LOUISE MAGEE 6550 N. OCEAN BLVD #2 OCEAN RIDGE, FL 33435	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 4/16/07 DAYTIME PHONE # 561-364-8206		