

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90311 013 \*\*\*\*61.25

**DOCUMENT # 746292**  
 1. Entity Name  
**OCEAN ROAD POOL ASSOCIATION, INC.**



Principal Place of Business: **1 TURTLE BEACH ROAD VERO BEACH FL 32963**  
 Mailing Address: **1 TURTLE BEACH ROAD VERO BEACH FL 32963**

03030100



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State: City & State  
 Zip: Country Zip: Country

4. FEI Number: **NO-T APPLICABLE**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARKER, JOHN E**  
**1 TURTLE BEACH ROAD**  
**VERO BEACH FL 32963**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: AS NAME: LANAHAN, RICHARD STREET ADDRESS: 1 TURTLE BEACH ROAD CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE: D NAME: BROPHY, VIRGINIA W. STREET ADDRESS: 200 OCEAN ROAD, 3-B CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE: AS NAME: BARKER, JOHN E STREET ADDRESS: 1 TURTLE BEACH ROAD CITY-ST-ZIP: VERO BEACH FL	<input type="checkbox"/> Delete
TITLE: D NAME: SMITH, WILLIAM E. STREET ADDRESS: #3F 300 OCEAN RD CITY-ST-ZIP: INDIAN RV SHRS, FL 00000	<input type="checkbox"/> Delete
TITLE: PD NAME: LESHE, ROBERT J STREET ADDRESS: 250 OCEAN ROAD, APT 1C CITY-ST-ZIP: VERO BEACH FL 32963	<input type="checkbox"/> Delete
TITLE: D NAME: BARTLETT, RALPH T STREET ADDRESS: 100 OCAEN RD. # 206 CITY-ST-ZIP: VERO BEACH FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

**SIGNATURE:** **John E. Barker** **3/31/04** **772-231-1666**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #