

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750231

FILED  
Jul 12, 2005  
Secretary of State

**Entity Name:** OCEAN RESIDENCE NORTH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

263 OCEAN RESIDENCE NORTH  
SATELLITE BEACH, FL 32937 US

**New Principal Place of Business:**

**Current Mailing Address:**

263 OCEAN RESIDENCE CT  
SATELLITE BEACH, FL 32937

**New Mailing Address:**

**FEI Number:** 59-0243516      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KEMPS, SCOTT A  
263 OCEAN RESIDENCE CT  
SATELLITE BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KEMPS, SCOTT M  
Address: 263 OCEAN RESIDENCE CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: TD ( ) Delete  
Name: FIELACK, LOUIS M  
Address: 251 OCEAN RESIDENCE COURT  
City-St-Zip: SATELLITE BCH, FL 32937

Title: D ( ) Delete  
Name: BARRY, MICHAEL  
Address: 261 OCEAN RESIDENCE CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: S (X) Delete  
Name: CHIARO, EDDY  
Address: 253 OCEAN RESIDENCE CT  
City-St-Zip: SATELLITE BEACH, FL 32937

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: TD (X) Change ( ) Addition  
Name: KEMPS, SCOTT M  
Address: 263 OCEAN RESIDENCE CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: PD (X) Change ( ) Addition  
Name: MOES, DON  
Address: 257 OCEAN RESIDENCE COURT  
City-St-Zip: SATELLITE BCH, FL 32937

Title: SD (X) Change ( ) Addition  
Name: CROWE, KEN  
Address: 255 OCEAN RESIDENCE CT  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON MOES

PD

07/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date