


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 003 ****61.25

DOCUMENT # 765655
 1. Entity Name
OCEAN COVE HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business
150 OCEAN COVE DR
JUPITER, FL 33477 US

Mailing Address
150 OCEAN COVE DRIVE
JUPITER, FL 33477 US

04061124



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
59-2344834

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ROACH, DAVID
150 OCEAN COVE DRIVE
JUPITER, FL 33477

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 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 | PD | <input type="checkbox"/> Delete |
| NAME | ROACH, DAVID | |
| STREET ADDRESS | 117 OCEAN COVE DR | |
| CITY-ST-ZIP | JUPITER, FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MAROTTA, KAREN | |
| STREET ADDRESS | 107 OCEAN COVE DRIVE | |
| CITY-ST-ZIP | JUPITER, FL 33477 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | CONBOY, MARK | |
| STREET ADDRESS | 142 OCEAN COVE DRIVE | |
| CITY-ST-ZIP | JUPITER, FL 33477 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | JOHN MEUNIER | |
| STREET ADDRESS | 130 Ocean Cove Dr | |
| CITY-ST-ZIP | JUP FL 33477 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: Karen Marotta Karen Marotta 7/7/04 861 744 3237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #