2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #765655

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





Jan 10, 200 Secretary	
01-10-2007 90043	

FILED

					TITE					
Principal Place of Business 150 OCEAN COVE DR JUPITER, FL 33477 US		150	Mailing Address 150 OCEAN COVE DRIVE JUPITER, FL 33477 US			400	00708			
2 Principal P	tace of Business - No P.O. Box #	3 Mai	iling Address							
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Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01062007	Chg-NP	CR2E0	37 (12/06)	
City & State		Cit	City & State			4. FEI Number 59-23448	334			oplied For ot Applicable
Zip	Country	Zij	P	Country	•	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curr	ent Registere	ed Agent			7. Name and A	dress of New I	Registered	Agent	
ROACH, D	DAVID			Name						
,	N COVE DRIVE			Street	Address (P.O. Box Number i	s Not Acceptab	e)		
•										
				City				FL	Zîp Cod	е
	named entity submits this statemer lions of registered agent.	nt for the purp	pose of changing its r	egistered office	or register	ed agent, or both,	in the State of F	lorida. 1 am	familiar with,	and accept
SIGNATURE .										
	Signature, typed or printed name of registered a	gent and title if ap	plicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution.								
	•					\$5.00 May Be Added to Fees			k payable to rtment of Si	
10.	•	DIRECTORS	Trust Fund Co			\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	rida Depai	rtment of S	tate
TITLE	OFFICERS AND	DIRECTORS	Trust Fund Co	11.		Added to Fees	Flo	rida Depai	rtment of S	tate
	Due by May 1, 2007 OFFICERS AND	DIRECTORS	Trust Fund Co	ontribution.		Added to Fees	Flo	rida Depai	rtment of SI	tate
TITLE NAME	OFFICERS AND PD ROACH, DAVID	DIRECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Flo	rida Depai	RECTORS IN	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL	DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	aT D	Added to Fees ADDITIONS/CHAN	Fto	rida Depai	rtment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL	DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	Added to Fees ADDITIONS/CHAN	Floiges to offici	rida Depar	RECTORS IN	I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL TD MCGEHEE, HARRY	DIRECTORS	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD N/L 170	Added to Fees ADDITIONS/CHAN	FIGES TO OFFICE	rida Depar	RECTORS IN	I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL TD MCGEHEE, HARRY 106 OCEAN COVE DR. JUPITER, FL 33477 SD	DIRECTORS	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE	TD N/L 170	Added to Fees ADDITIONS/CHAN SEN, ROBO	FIGES TO OFFICE	rida Depar	RECTORS IN	I 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL TD MCGEHEE, HARRY 106 OCEAN COVE DR. JUPITER, FL 33477 SD MEUNIER, JOHN	DIRECTORS	Trust Fund Co	TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIL 170 JUA	Added to Fees ADDITIONS/CHAN SEN, ROBO	FIGES TO OFFICE	rida Depar	RECTORS IN Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND PD ROACH, DAVID 117 OCEAN COVE DR JUPITER, FL TD MCGEHEE, HARRY 106 OCEAN COVE DR. JUPITER, FL 33477 SD	DIRECTORS	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TD NIL 170 JUA	Added to Fees ADDITIONS/CHAN SEN, ROBO	FIGES TO OFFICE	rida Depar	RECTORS IN Change	Addition
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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:

SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

56/- 427-4225 Daytime Phone #