


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90011 027 ****61.25

DOCUMENT # N00000007071

1. Entity Name
OCEAN GRANDE BEACH & MARINA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1063 HILLSBORO MILE
 HILLSBORO BEACH, FL 33062**

Mailing Address
**1063 HILLSBORO MILE
 HILLSBORO BEACH, FL 33062**

40006812



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

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01062005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1072592

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**KLEMOV, JORDAN
 1063 HILLSBORO MILE
 HILLSBORO BEACH, FL 33062**

7. Name and Address of New Registered Agent

Name
Robert Zobel

Street Address (P.O. Box Number is Not Acceptable)
1063 Hillsboro Mile

City
Hillsboro Beach FL Zip Code
33062

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 (applicable) (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2005**

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	D	<input checked="" type="checkbox"/> Delete
NAME	KLEMOV, HAROLD	
STREET ADDRESS	2001 W SAMPLE ROAD #320	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KLEMOV, JORDAN	
STREET ADDRESS	2001 W SAMPLE ROAD #320	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANGOTTI, ANTHONY	
STREET ADDRESS	2001 W SAMPLE ROAD #320	
CITY-ST-ZIP	POMPAÑO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	BH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ron Miller	
STREET ADDRESS	1063 Hillsboro Mile, #610	
CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE	BH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nicholas Cardaropoli	
STREET ADDRESS	1063 Hillsboro Mile, #115	
CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE	BH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Scott Gibson	
STREET ADDRESS	1063 Hillsboro Mile, #209	
CITY-ST-ZIP	Hillsboro Beach, FL 33062	
TITLE		<input type="checkbox"/> Change <input checked="" 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:  Date: **1/26/05** Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR