

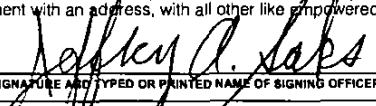


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90180 044 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04012008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-1072592 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TOPOR, STEVEN 1063 HILLSBORO MILE #707 HILLSBORO BEACH, FL 33062			Name: Robert Van Liew Street Address (P.O. Box Number is Not Acceptable): Ocean Grande Office 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:  <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE: 4/28/08		<small>(NOTE: Registered Agent signature required when reinstating)</small>
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	REGAN, JANET	NAME	Michael Smith		
STREET ADDRESS	1063 HILLSBORO MILE # 901	STREET ADDRESS	1063 Hillsboro Mile #410		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	Hillsboro Beach, FL 33062		
TITLE	TREA <input type="checkbox"/> Delete	TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	CAVALLO, TITO	NAME	Felix Laughlin		
STREET ADDRESS	1063 HILLSBORO MILE, # 604	STREET ADDRESS	3011 P Street N W		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	Washington DC 20007		
TITLE	SEC <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAKS, JEFFREY	NAME	Janet Regan		
STREET ADDRESS	1063 HILLSBORO MILE # 401	STREET ADDRESS	1063 Hillsboro Mile #901		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	Hillsboro Beach, FL 33062		
TITLE	SEC <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GROSS, SHELDON	NAME	Tito Cavallo		
STREET ADDRESS	1063 HILLSBORO MILE #909	STREET ADDRESS	1063 Hillsboro Mile #604		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	Hillsboro Beach, FL 33062		
TITLE	PRES <input checked="" type="checkbox"/> Delete	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOPOR, STEVEN	NAME	Jeffrey Saks		
STREET ADDRESS	1063 HILLSBORO MILE # 707	STREET ADDRESS	1063 Hillsboro Mile #401		
CITY-ST-ZIP	HILLSBORO BEACH, FL 33062	CITY-ST-ZIP	Hillsboro Beach, FL 33062		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			Date: 4-22-08		Daytime Phone #: 954-788-1080
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>