## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N02000003222

**FILED** May 06, 2006 Secretary of State

Entity Name: OCEAN COVE AT HIGHLAND BEACH HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

**153 SE 1ST AVE** 8000 N. FEDERAL HIGHWAY

BOCA RATON, FL 33432 SUITE 220

BOCA RATON, FL 33487

**Current Mailing Address:** New Mailing Address:

8000 N. FEDERAL HIGHWAY 153 SE 1ST AVE BOCA RATON, FL 33432 SUITE 220

BOCA RATON, FL 33487

FEI Number: 04-3669492 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: Name and Address of New Registered Agent:

LEVINE, JEFFREY A 4000 N FEDERAL HWY STE 201 BOCA RATON, FL 33431

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:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete (X) Change ( ) Addition

NORMAN, JEFFREY H Name: NORMAN, JEFFREY H Name: 153 SE 1ST AVE Address: 8000 N. FEDERAL HIGHWAY, SUITE 220 Address:

City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33487

(X) Change ( ) Addition Title: VTD () Delete Title:

CLARKE, BARBARA Name: CLARKE, BARBARA Name:

Address: 153 SE 1ST AVE Address: 8000 N. FEDERAL HIGHWAY, SUITE 220

City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33487

Title: () Delete Title: (X) Change ( ) Addition STERLING, JEANNIE Name: STERLING, JEANNIE Name:

8000 N. FEDERAL HIGHWAY, SUITE 220 Address: 153 SE 1ST AVE Address:

City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JEFFREY H. NORMAN PD 05/06/2006