


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90998 029 ****61.25

DOCUMENT # N03000000385

1. Entity Name
OCEAN PALMS ASSOCIATION, INC.



Principal Place of Business
**2200 N ATLANTIC BL
 FT LAUDERDALE, FL 33305**

Mailing Address
**2200 N ATLANTIC BL
 FT LAUDERDALE, FL 33305**



2. Principal Place of Business
3800 S. Ocean Drive
 (Suite) Apt. #, etc.
210
 City & State
Hollywood Fl.

3. Mailing Address
3800 S. Ocean Dr.
 (Suite) Apt. #, etc.
210
 City & State
Hollywood Fl.

02032004 Chg-NP CR2E037 (10/03)

4. FEI Number Applied For
 Not Applicable

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

Zip Country Zip Country
33019 USA 33019 USA

6. Name and Address of Current Registered Agent

**DRAKE, JENNIFER B
 3111 STIRLING RD
 FT LAUDERDALE, FL 33312**

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 May 1, 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	ROTH, SCOTT	
STREET ADDRESS	2200 N ATLANTIC BL	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JENKINS, LARRY	
STREET ADDRESS	2200 N ATLANTIC BL	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GARCIA, ROBERT	
STREET ADDRESS	2200 N ATLANTIC BL	
CITY-ST-ZIP	FT LAUDERDALE, FL 33305	
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	3800 S. Ocean Dr. Ste 210	
CITY-ST-ZIP	Hollywood Fl. 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3800 S. Ocean Dr. Ste 210	
CITY-ST-ZIP	Hollywood, Fl. 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3800 S. Ocean Drive. Ste 210	
CITY-ST-ZIP	Hollywood, Fl. 33019	
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:  **Neil Fairman** **4/27/04 - 954-630-8880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #