


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
2006 AUG 21 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000000385</b> 1. Entity Name <b>OCEAN PALMS ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3800 S. OCEAN DRIVE #210 HOLLYWOOD, FL 33019</b>	Mailing Address <b>3800 S. OCEAN DRIVE #210 HOLLYWOOD, FL 33019</b>
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2. Principal Place of Business <b>3101 S. OCEAN DRIVE</b>	3. Mailing Address <b>3101 S. OCEAN DRIVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07182006 Chg-NP CR2E037 (4/06)

City & State <b>HOLLYWOOD, FL.</b>	City & State <b>HOLLYWOOD, FL.</b>
Zip <b>33019</b>	Country <b>USA</b>
Zip <b>33019</b>	Country <b>USA</b>

4. FEI Number <b>51-0542213</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

GARCIA, ROBERT J  
3800 SOUTH OCEAN DRIVE  
210  
HOLLYWOOD, FL 33019

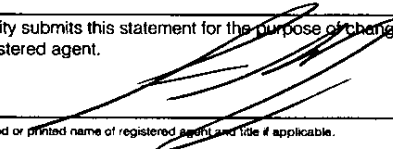
**7. Name and Address of New Registered Agent**

Name  
**POLIAKOFF, RYAN**

Street Address (P.O. Box Number is Not Acceptable)  
**3101 SOUTH OCEAN DRIVE**

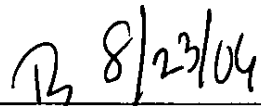
City **HOLLYWOOD** FL Zip Code **33019**

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: **7/21/06**

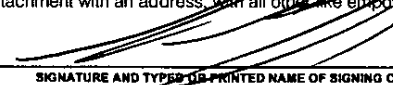
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTH, SCOTT <input checked="" type="checkbox"/> Delete 3800 S. OCEAN DRIVE #210 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JANKINS, LARRY <input checked="" type="checkbox"/> Delete 3800 S. OCEAN DRIVE #210 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GARCIA, ROBERT <input checked="" type="checkbox"/> Delete 3800 S. OCEAN DRIVE #210 HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POLIAKOFF, RYAN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3101 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAITHWAITE, SYLVESTER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3101 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RODRIGUEZ, YILDRIIS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3101 SOUTH OCEAN DRIVE HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500079130025</b> <b>08/25/06--01033--011 **61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **7/21/06**

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