


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90100 017 ****61.25

DOCUMENT # N03000000385

1. Entity Name
OCEAN PALMS ASSOCIATION, INC.



Principal Place of Business
 3101 S. OCEAN DRIVE
 HOLLYWOOD, FL 33019

Mailing Address
 3101 S. OCEAN DRIVE
 HOLLYWOOD, FL 33019

60003510



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
51-0542213

Applied For
 Not Applicable

City & State

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

POLIAKOFF, RYAN
 3101 S. OCEAN DRIVE
 HOLLYWOOD, FL 33019

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

Filing Fee is \$61.25
Due by May 1, 2007

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME POLIAKOFF, RYAN Delete
 STREET ADDRESS 3101 S. OCEAN DRIVE
 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE VD
 NAME BRAITHWAITE, SYLVESTER Delete
 STREET ADDRESS 3101 S. OCEAN DRIVE
 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE ST
 NAME RODRIGUEZ, YILDRIS Delete
 STREET ADDRESS 3101 S. OCEAN DRIVE
 CITY-ST-ZIP HOLLYWOOD, FL 33019

TITLE **ST**
 NAME **HERNANDEZ, JOAQUIN** Change Addition
 STREET ADDRESS **3101 S. OCEAN DRIVE**
 CITY-ST-ZIP **HOLLYWOOD, FL 33019**

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Delete
 NAME _____
 STREET ADDRESS _____
 CITY-ST-ZIP _____

TITLE _____ Change Addition
 NAME _____
 STREET ADDRESS _____
 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 expedite 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/07 954-806-2020
Date Daytime Phone #